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## ABSTRACT

The goals of this project were to demonstrate the use of a diffusion approach to develop replicable effective community-based models which pursue community integration goals for individuals with severe disabilities, and to extend the adoption of community-based integration practices by rehabilitation and consumer organizations. The project established 11 community-based and community-designed rehabilitation programs to provide employment and independent living services to consumers with psychiatric disabilities (N=187) or traumatic brain injury (N=29). Most clients moved into independent housing during their first 6 months with local programs. Unemployment among clients was reduced from 72% to 35%, although these jobs generally remained unskilled, part-time, and low-wage. The first volume of the project report analyzes consumer characteristics, program participation, consumer benefits, impact on facilities, capacity building, shared program characteristics, best practices, and common problems found among local programs. The first volume also describes data collection and analysis procedures. The second volume provides descriptions of each local program, including the Vocational Options Model (Duluth, Minnesota); Project SAFE (Skill Acquisition For Employment) (South St. Paul, Minnesota); Supported Employment Program (Faribault, Minnesota); Scott-Carver Employability Project (Shakopee, Minnesota); Living Independently Through Employment Support (Milwaukee, Wisconsin); CMI Employment/Community Integration Services (Medford, Wisconsin); Coordinated Employment Services (Buffalo, Minnesota); Transitional Employment Options (Fergus Falls, Minnesota); Supported Employment for Persons with TBI (Sheboygan, Wisconsin); Community Connections Program (Milwaukee, Wisconsin); and Community-Based Employment Program for Persons with Traumatic Brain Injury (Appleton, Wisconsin). Numerous appendices provide program administration materials. The third volume contains coding instructions and lists of variables for consumer referral and demographic information, consumer progress and outcomes, and consumer success. (PR)

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# Diffusion Network Project

## Volume I. Technical Report

Karl F. Botterbusch, Ph.D., Principal Investigator  
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# Diffusion Network Project

## Volume 1. Technical Report

Final Report to the

**REHABILITATION SERVICES ADMINISTRATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
U.S. DEPARTMENT OF EDUCATION**

Project Period: Oct. 1, 1990 to Sept. 30, 1993

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## Executive Summary

The Diffusion Network Project assisted community-based rehabilitation programs to provide employment and independent living services to consumers with either psychiatric disabilities or traumatic brain injuries. Between October, 1991, and September, 1993, the Project established 11 model programs in Wisconsin and Minnesota. The Project's basic purpose was to help local service providers develop programs that were effective in providing employment and independent living services to consumers.

"Model" programs are most typically developed under ideal conditions in universities or large urban agencies, rather than by the consumers and staff who have to use the program to participate in or to provide daily services. While these "model" programs may be at least partially effective in large urban areas, they appear to have minimal use in small cities, towns, and rural areas, especially when dealing with underserved persons with disabilities. The Diffusion Network Project reversed this common process by having staff and consumers in rehabilitation organizations develop programs to serve local needs. By encouraging rehabilitation organizations to develop employment and independent living programs relevant to *their* needs, the Diffusion Network Project worked with consumers and local service providers to develop and refine services that were suited for local needs.

### Project Objectives

The five objectives of this three-year project were as follows:

1. Increase the number of individuals with psychiatric disabilities and traumatic brain injury, participating in community-based programs.
2. Increase the number, scope, and capacity of community-based programs to effectively use appropriate community-based approaches.
3. Increase the technical assistance resources available to rehabilitation providers to implement and maintain appropriate community-based practices.
4. Obtain valid and reliable documentation of processes, vocational and independent living benefits, resource requirements, and costs of innovative community-based integration practices devised by consumers and community-based programs.
5. Disseminate results of the diffusion process's demonstration and evidence of the effectiveness of the community-integration practices devised by participating facilities and consumers.



## **Site Selection and Service Provision Methodology**

During the first year of the grant, two state-level advisory committees were organized. Committees in both Wisconsin and Minnesota included consumers, advocates, service provider organization representations, and state level vocational rehabilitation and mental health staff. Wisconsin sites were selected using a request for proposals process. In Minnesota 17 sites were preselected by the Minnesota advisory committee; these were invited to apply. In April, 1991 four sites were selected, two in Minnesota and two in Wisconsin. In December 1991, the Minnesota Division of Rehabilitation Services and Department of Human Services jointly funded four local programs for persons with psychiatric disabilities. Diffusion Network Project staff were invited to provide technical assistance and to evaluate each site's impact. In January, 1992, three Wisconsin sites were selected using the request for proposal process developed the year before. The 11 local programs developed were:

### **Psychiatric Disability**

Vocational Options Model, Human Development Center, Duluth, Minnesota (Selected 1991)

Living Independently Through Employment Support (LITES), Transitional Living Services, Inc., Milwaukee, Wisconsin (Selected 1991)

Scott-Carver Employability Project, Scott County Department of Human Services, Shakopee, Minnesota (Selected 1991)

Supported Employment Program, K.C.Q., Inc., Faribault, Minnesota. Rice County Supported Employment Program (Selected 1991)

Project SAFE, Human Resource Associates, Inc., South St. Paul, Minnesota. Dakota County Coordinated Employability Services (Selected 1991)

Wright and Sherburne Counties Coordinated Employment Services, Functional Industries, Buffalo, Minnesota (Selected 1991)

CMI Employment/Community Integration Services, Black River Industries, Medford, Wisconsin (Selected 1992)

### **Traumatic Brain Injury**

Transitional Employment Options, Productive Alternatives, Fergus Falls, Minnesota (Selected 1991)

Supported Employment for Persons With Traumatic Brain Injury, Rehabilitation Center of Sheboygan, Sheboygan, Wisconsin (Selected 1991)

Community Connections Program, Milwaukee Center for Independence, Milwaukee. Wisconsin (Selected 1992)

Community-Based Employment Program for Persons With Traumatic Brain Injury, St. Elizabeth's Hospital and Valley Packaging Industries, Appleton, Wisconsin (Selected 1992)

After selection, all local programs received technical assistance to discuss needs and to plan for future assistance. Technical assistance needs included (a) training in specific areas, such as job analysis, job development, and independent living; (b) specific information on mental illness, head injury, and medications; (c) assistance in redesigning or changing the program; and (d) guidance in developing closer cooperation with funding agencies. Technical assistance was provided through on-site consulting, short-term training, meeting with funding sources and other service providers, providing print materials, and arranging for outside consultants when the problem was beyond the scope of the Diffusion Network Project staff.

### **Program Description and Outcome Methodology**

Early in the study, Diffusion Network Project designed measures to meet each of the five grant objectives listed above. Seven documents were used obtain data on both individual consumers and the local programs. Consumer data were captured on the following instruments: a referral and demographic form completed at case opening, a weekly record of hours of services, and two follow-up forms. A one-time baseline description of the organization sponsoring the local program, a technical assistance plan completed after each visit, and a program diary completed after each significant contact were used by Diffusion Network Project staff to obtain data on the programs. From these data an individual report on each local program and a report on the entire project were prepared.

### **Results from Consumer Data**

During the data collection period, the 11 local programs had contacts with 304 persons, 216 (187 persons with psychiatric disabilities and 29 persons with traumatic brain injuries) of which received significant services. The following is a summary of the results obtained from data analysis of the four consumer documents:

#### **Employment**

1. Overall the program was successful in placing and supporting consumers on jobs. Unemployment was reduced from 72.3 percent to 35.0 percent.
2. Consumers worked in unskilled entry-level jobs, part-time and for low wages. While more consumers were employed as a result of the program, there was no change in the quality of employment obtained after receiving services. No relationship between length of time in the program and improved occupational status, hours, or wages was found among these data.
3. There were no differences between the two disability groups on any of the key employment variables.
4. Job support relied heavily on job coaching and other direct contact on employment sites;

natural supports were not identified by consumers.

### **Independent Living**

1. Most persons moved into independent housing during their first six months in the program. After that time, the percent of consumers living independently remained fairly constant.
2. There were no significant differences between time in the program and increased independent living.
3. There was no correlation between independent living and community integration, as operationally defined in this study. These are two separate concepts.

### **Community Integration**

1. The basic rights of privacy, freedom to select friends, and refusal of services were respected by all program sites.
2. There were no significant differences between community integration scores on four 6-month follow-up surveys. Consumers generally did not become more integrated in the community as time progressed.

### **Results from Program Data**

Based on close contact with the 11 local programs and an analysis of the three program documents, the following were determined:

#### **Shared Program Characteristics**

1. **Respect for Consumers.** In both written and oral communications, the staff and management of each local program indicated considerable respect for the consumers as individuals who should and could make their own choices. Consumers had choices in developing vocational plans and goals and in selecting immediate services.
2. **Emphasis on Employment.** The Diffusion Network Project had two major goals: employment and community integration. All programs devoted much more time to employment services than they did to community integration.
3. **Individual Placement Models.** With the exception of one local program, all organizations actively pursued individual competitive employment as the major outcome for consumers.
4. **Similar Sequence of Services.** All local programs using individual placement has a similar sequence of consumer services: eligibility determination, vocational evaluation/assessment, prevocational services, placement or job development, support, and follow-up.

5. Networking. All programs used networking to develop employment opportunities in the community.
6. Implementation and Stabilization Phases. Each program went through an implementation in which the program was closely monitored and changes made as needed. After the programs stabilized, only minor changes were made.

### **Best Organizational Practices.**

The Diffusion Network Project established the philosophy and direction under which a program would operate. The single most important indicator of success was the commitment of administration to the belief that persons with severe disabilities can become successfully employed. Three specific organizational characteristics applied to successful programs:

1. The rehabilitation organization was respected within the community as a place where quality services were offered. If the sponsoring organization was a facility, it had the image as an employer, a well-run business, and a changer of lives. It was not perceived as a charity.
2. The organization's administration had strong commitment to the program, staff, and consumers. This was demonstrated by interest in and careful monitoring of the program by administrators.
3. Management supported direct service staff by providing adequate wages, chances for training, inclusion in program decision making, acknowledgment of the difficulty of the job, and job rotation.

### **Program Practices**

The following specific program practices had positive direct effects on increasing the employment and independent living outcomes of consumers.

1. The most common reason for not providing services or for ending services before success was the loss or lack of long-term financial support. Program managers, vocational rehabilitation counselors, and county human services organizations must agree on long-term support and then stick to these agreements. The importance of this cannot be overstressed.
2. Although successful programs applied a wide variety of assessment, evaluation, and occupational exploration methods and philosophies, the common theme was that of realism of the evaluation procedures.
3. While most programs were established with a definite idea of consumer movement through a sequence of services, in practice most programs were nonlinear. All programs started with an eligibility determination. Services beyond this stage depended upon the consumer's individual needs.

4. The needs of the consumer were carefully considered during job placement and job development.
5. While the four best practices above could be included in any program and could be measured objectively, the critical element of dedicated staff was more difficult to design into a new program. Staff and consumers knew each other well and from this knowledge developed mutual trust in each other's integrity and honesty. Staff with these attitudes need to be hired, and the organization's management must provide reinforcement and reassurance of these consumer-centered behaviors and values.

### **Common Problems**

Many local programs shared a common set of problems. The problems described below were on-going throughout the three-year project period.

1. Because persons with serious psychiatric disabilities and traumatic brain injuries often need life-long services, participation in an employment program requires secure long-term support funding. At many of the local programs, secure long-term funding was unavailable and thus prevented some consumers from program participation.
2. Staff turnover, especially direct service staff, was a major problem faced by many programs. Over half the programs had considerable staff turnover at the direct service level; three local programs had a more than 100 percent turnover during a 12-month period.
3. Consumers were treated with sensitivity and respect and were involved in their own rehabilitation programs. However, at the local program level consumers had no significant involvement in planning or providing services. None of the organizations reported significant consumer involvement in developing the original program or in refining the program after it was funded.

## Introduction

"Model" programs are most typically developed under ideal conditions in universities or large urban agencies, rather than by the consumers and staff who will use the program to participate in or to provide daily services. While such "model" programs may be at least partially effective in large urban areas, they appear to have minimal use in small cities, towns, and rural areas, especially when dealing with underserved persons with disabilities. The Diffusion Network Project reversed this common process by aiding staff and consumers to develop programs to serve employment and independent living needs of consumers with severe disabilities.

The basic thesis underlying this demonstration study was that community-based program staff and consumers could design, implement, and successfully operate programs that meet the needs of their communities. In turn, such programs would provide effective and efficient services to consumers with severe disabilities. Diffusion Network Project staff and others provided technical assistance and training as needed by each organization to develop programs in keeping with their locale, consumers, and economics.

The demonstration project's results are reported as three volumes, two of which are being widely disseminated by the Center. Volume I is a technical report of the evaluation of the program models in keeping with the Diffusion Network Project's objectives. Volume II provides descriptions and evaluation of the 11 local program models. The third volume is available upon request from the Center and includes all instrumentation, coding procedures, and descriptions of the databases used in the evaluation research.

## Project Objectives

Goals of this project were to demonstrate the use of a diffusion approach to:

1. Develop replicable effective community-based models which pursue community-integration goals (both vocational and independent living) and
2. Extend the adoption of community-based integration practices by additional rehabilitation and consumer organizations.

The project relied on (a) contemporary practices, (b) technical assistance to devise community-based models, and (c) combinations of diffusion methods to provide ready access of technical materials and expertise respective to community-based employment and independent living arrangements for persons with severe disabilities. The five objectives of this three-year project were as follows:

1. Increase the number of individuals with psychiatric disabilities and with traumatic brain injury participating in community integration programs.
2. Increase the numbers, scope, and capacity of community-based programs to effectively use appropriate community integration approaches.



3. Increase the technical assistance resources available to community-based rehabilitation and employment providers to implement and maintain appropriate community-based employment and social integration.
4. Obtain valid and reliable documentation of processes, vocational and independent living benefits, resource requirements, and costs of innovative community-based integration practices devised by consumers and community-based providers.
5. Disseminate results of both the demonstration of the diffusion process and the effectiveness of the community-integration practices devised by participating providers and consumers.

## **History**

### **Year 1 (October 1, 1990, to September 30, 1991)**

The project began in October, 1990, with the assignment of staff. Dr. Fredrick Menz was the Project Director and Dr. Karl Botterbusch was the Principal Investigator. Other staff in the Research and Training Center and the Center for Independent Living of the Stout Vocational Rehabilitation Institute were assigned to the project as technical assistance resources, research assistants, and clerical staff. (Table 1 summarizes the major events in the project.)

**Formation of Advisory Committees.** By the middle of October, 1990, staff began to develop lists for two advisory committees, one for Minnesota and one for Wisconsin. These two committees were composed of persons representing the following groups: consumers and advocates, state vocational rehabilitation agencies, rehabilitation organizations, and mental health programs (i.e., Community Service Systems/Community Support Programs). A considerable emphasis was placed on selecting consumers and advocates. Appendix A contains the members of the two advisory committees.

Individuals asked to participate on the advisory committees were identified through nominations and contacts with consumer groups, staff knowledge of consumers and advocates, and recommendations of staff in the state vocational rehabilitation and mental health agencies. The remaining members of the advisory committees were selected based on staff knowledge of these persons, suggestions by other Research and Training Center staff, suggestions by state vocational rehabilitation staff, and suggestions by other members of the two advisory committees. While the goal was to have adequate representation of all organizations that might become involved in the project, the emphasis was on securing exceptional consumer involvement. The two advisory committees performed the following functions:

1. Assisted staff in reviewing and/or setting program selection criteria.
2. Advised staff in making initial site selections for new programs (Minnesota only, see below).
3. Assisted staff in announcing the project and creating interest across the state.



**Table 1. Major Events and Dates for the Diffusion Network Project**

Major Program Events	Date
<p><b>Calendar Year 1990.</b> Project start; staff assigned.</p> <p>Meetings of Minnesota and Wisconsin Advisory Committees to develop and refine Request for Proposal process and selection criteria.</p> <p>Applications solicited from organizations of Minnesota and Wisconsin.</p> <p>Formation of Advisory Committees for Wisconsin and Minnesota; development of information material for committees and potential applicants.</p>	<p>October 1, 1990</p> <p>November 28, 1990 - January 23, 1991</p> <p>February 1 - March 15, 1991</p> <p>October 1 - November 15, 1990</p>
<p><b>Calendar Year 1991.</b> Review of applications and selection of two sites in each state by project staff and relevant advisory committee: Human Development Center, Productive Alternatives, Rehabilitation Center of Sheboygan, and Transitional Living Services.</p> <p>Development of data collection forms and methods of documentation; computer data entry formats developed.</p> <p>Initial site and technical visits to four selected sites; development of technical assistance plan for each site.</p> <p>Start of data collection at four sites.</p> <p>Second round of site selections using Request for Proposal process.</p> <p>Cooperation agreement with State of Minnesota Division of Rehabilitation Services and Mental Health Division to provide technical assistance and collect research data in four sites serving persons with psychiatric disabilities: Human Resources Associates, Scott-Carver Counties, Functional Industries, and K.C.Q., Inc.</p>	<p>March 15 - April 12, 1991</p> <p>February 1 - April 30, 1991</p> <p>May, 1991</p> <p>May - September, 1991</p> <p>November 20 - December 31, 1992</p> <p>December 15, 1991</p>
<p><b>Calendar Year 1992.</b> Three new sites selected by project staff and Wisconsin advisory committee: Milwaukee Center for Independence, St. Elizabeth's Hospital and Valley Packaging Industries, and Black River Industries.</p> <p>Review of data collection forms; no changes made. Initial meeting with four State of Minnesota sites in St. Paul.</p> <p>Six-month technical assistance and data collection visits to four original sites and initial technical assistance visits to three new Wisconsin sites.</p> <p>Initial technical visit to the four Minnesota sites.</p> <p>Six-month technical assistance and data collection visit to all 11 sites.</p>	<p>January 24, 1992</p> <p>January, 1992</p> <p>January - February, 1992</p> <p>March 1-5, 1992</p> <p>July - September, 1992</p>
<p><b>Calendar Year 1993.</b> Continuation of follow-up interviews and provision of technical assistance. Six-month technical assistance and data collection visit to all 11 sites.</p> <p>Six-month technical assistance and data collection visit to all 11 sites.</p> <p>End of data collection.</p>	<p>January - February, 1993</p> <p>July - August, 1993</p> <p>October 31, 1993</p>

4. Reviewed applications and helped select the sites for program development.
5. Provided technical advice and assistance to Diffusion Network Project staff and to selected sites.

**Development of Informational Materials.** While the advisory committees were being selected, program staff prepared documents designed to provide the committees with basic information on the Project. The following documents were produced: a description of the project, and tentative program selection criteria (see Appendix B).

**Minnesota Advisory Committee Meetings.** The initial meeting was held on November 28, 1990, in St. Paul. After the project was explained, the committee decided that they were capable of making the initial selection of potential sites for programs, as they were knowledgeable of both existing programs and program needs. One site would be selected to develop a program that served persons with psychiatric disabilities and one that would serve persons with traumatic brain injury in the first year. Because of a lack of programs for these two populations in rural areas, the committee suggested that rehabilitation organizations in areas outside the Twin Cities metro area have first preference.

After the initial meeting, committee members submitted lists of potential organizations. These lists were reviewed and revised at the second meeting in early January, 1991, as a basis for soliciting projects. Nineteen 19 sites were nominated by the Minnesota Advisory Committee. In addition to the eight criteria established for all the programs (see Appendix C), the committee suggested at that sites meeting the following be considered: (a) are located in either rural areas or small cities; (b) have in-house programs serving at least one of the two populations; (c) are perceived as being willing to continue the project for three years; and (d) have a positive working relationship with state vocational rehabilitation, mental health, and social services agencies.

**Wisconsin Advisory Committee Meetings.** The first meeting of the Wisconsin Advisory Committee was held December 13, 1990, in Tomah. During this meeting, the project was described and the committee reviewed the selection criteria. The Wisconsin Advisory Committee suggested that an additional criterion of local level commitment among (a) county human services agencies, (b) Division of Vocational Rehabilitation, (c) rehabilitation organizations, and (d) consumer groups be added. Sites were to serve persons either with psychiatric disabilities or with traumatic brain injuries. The committee decided to use a Request for Proposals process through a state-wide announcement. Several members of the committee provided Diffusion Network staff with lists of potential rehabilitation organizations.

The second meeting of the Wisconsin Advisory Committee was held in Tomah on January 23, 1991. During that meeting the advisory committee reviewed the materials prepared for Minnesota and suggested changes. The most important change was the added criterion requiring collaboration with other agencies. Diffusion Network Project staff subsequently added this criterion to the Minnesota selection process as well. The committee also reviewed a form letter, draft Request for Proposal, fact sheet, and review rating form.

**Development of Request for Proposal Documents and Selection Process.** A significant activity of the four Advisory Committees' meetings was developing materials to solicit applications. Initial drafts of letters of announcement, application forms, and the selection criteria were prepared in conjunction with the advisory committees. Because the committees in the two states were in close agreement about what should be included and on the review process, a single set of application materials and review process was used for both states. The following Request for Proposal materials were developed in conjunction with the advisory committees (see Appendix D):

1. A letter announcing the Diffusion Network Project to rehabilitation organizations. Because the Minnesota committee nominated sites and because the Wisconsin committee chose a general announcement, different letters were developed for each state.
2. An application form.
3. A fact sheet highlighting the major points of the Diffusion Network Project.
4. A rating sheet containing the project selection criteria.

**Identification of Potential Demonstration Sites.** The search for demonstration sites began in early February with a direct mailing to the 17 agencies nominated in Minnesota and a state-wide solicitation to over 160 organizations in Wisconsin. In Wisconsin, a form letter, the Request for Proposal, fact sheet, and criteria were sent to each vocational rehabilitation facility, community support program, and rehabilitation organization approved to vend services to the Wisconsin Division of Vocational Rehabilitation. All materials were mailed the first week of February; submitted applications were due March 15, 1991.

Applications for the two states were separated and each set was reviewed by their respective committee using the following procedures:

1. Each advisory committee member received and reviewed each proposal and assigned a 1, 2, or 3 rating for each criteria. The total points for each application by each reviewer were determined.
2. The applications were returned to project staff who reviewed, totaled, and averaged the committee's ratings; rated the proposals themselves; and then made a final decision.

This review and selection process took place between March 15 and April 12, 1991. During the first year the following programs were selected:

1. Vocational Options Model, Human Development Center, Duluth, Minnesota (psychiatric disability). A community mental health center with a Community Support Program serving Duluth and some parts of northeast Minnesota.
2. Transitional Employment Options, Productive Alternatives, Fergus Falls, Minnesota

(traumatic brain injury). A community-based facility serving a rural nine-county area of west central Minnesota.

3. Supported Employment for Persons With Traumatic Brain Injury, Rehabilitation Center of Sheboygan, Sheboygan, Wisconsin (traumatic brain injury). A community-based facility serving Sheboygan city and county.
4. Living Independently Through Employment Support (LITES), Transitional Living Services, Inc., Milwaukee, Wisconsin (psychiatric disability). A large multiple housing provider serving persons with psychiatric disabilities in greater Milwaukee.

Each program received an award of \$10,000 during the first year of operation from the Diffusion Network Project. This award could be used for almost any program-related purpose, except consumer wages. All the programs selected during the first year used the funds to pay staff salaries. In addition, the four programs were provided technical assistance in the form of short-term training, direct consultation, information, assistance in networking with local and state public and private agencies, and assistance in securing long-term funding.

**Instrumentation and Data Collection.** During the first year of operation, Diffusion Network Project staff developed, piloted, and reviewed a comprehensive series of eight data collection forms (Appendix E). Four documents were intended to obtain information on consumers in the program; four were designed to contain information on the agencies and their programs. A brief description of the eight documents follows:

**Consumer Documents.** Each of the four consumer documents was developed to measure consumer behavior and progress at specific points. Document 1 determined the "baseline" measures of the consumer's life as he/she entered the program. The second document recorded the weekly process of specific services and narrative comments on that process. Documents 3 and 4 were outcome measures of the consumer's progress in the programs. Repeated interviews by program staff and Diffusion Network Project staff were intended to show changes over specific time periods. All statistical data contained on the project as a whole and on each program were taken from Documents 1 through 4.

**Document 1. Consumer Referral and Demographic Information.** Completed once for each consumer upon program entry, it obtained demographic, living, disability, employment, and benefit information. Program exits and reentries were also tracked. This form provided the "baseline" data for each consumer entering the program.

**Document 2. Consumer Week at a Glance.** Completed weekly by the case manager, it contained two types of information: (a) the hours of service provided in 28 service categories, and (b) a brief weekly narrative of the consumer's goals, changes in goals, successes, critical incidents, and general comments. This document provided a weekly record of every consumer in the Diffusion Network Project program; it was used to measure services and changes in vocational goals.

**Document 3.<sup>1</sup> Consumer Progress and Outcomes.** Every six months the principal investigator or research assistant interviewed every available consumer in the program using this document. Questions were asked on employment and independent living goals and progress, services received, and changes in the consumer's condition. Through this document, Diffusion Network Project staff had ongoing contact with every consumer in the program.

**Document 4. Consumer Success and Outcome Report.** This was completed by the case manager and the consumer at four-month intervals from the time the consumer entered the program. Detailed housing, integration, and employment histories were obtained on consumers while in the Diffusion Network Project.

**Organization Documents.** Like the consumer documents above, these four organization or program documents provided data on baseline, process, and outcomes of technical assistance and other contacts with programs. Document 5, completed by the organization, described the organization and the specific community-based rehabilitation programs within that organization at the beginning of the program. Documents 6 and 7, completed after each significant contact with the organization by Diffusion Network Project staff, provided most of the information on program, personal, and other changes at each program. Together with Document 5, Documents 6 and 7 were the basis for the descriptions of each program. Finally, Document 8 gave Diffusion Network Project staff feedback on their effectiveness in providing services. A Document 8 was mailed to each program six weeks after each technical assistance contact. Unfortunately, because very few of these documents were returned by the programs, this report will not contain any objective assessment of technical assistance provision.

**Document 5. Baseline Description of Agency and Program.** Each agency completed this document once, shortly after its program was selected. A description of the agency, the consumers served by the agency, local labor market, and community connections were included.

**Document 6. Technical Assistance Plan and Document.** This narrative report was completed by Diffusion Network Project staff after each visit to the agency. It provided descriptive material needed to plan technical assistance and monitor program progress.

**Document 7. Diary and Program Notes.** In order to keep abreast of a dynamic program, Diffusion Network Project staff kept a diary on each visit or significant phone contact with each program. Document 7 was also used for recording Diffusion Network Project staff's subjective impressions of programs and their progress.

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<sup>1</sup>This document provided Diffusion Network Project staff an opportunity to meet every consumer in the program. Repeated interviews and other contacts often led to the development of trust between Diffusion Network Project staff and consumers. This close contact sometimes resulted in acting as an advocate for the consumer, especially on funding issues.



**Document 8. Technical Assistance Quality Indicators.** This form was used by Diffusion Network Project staff to assess the technical assistance provided to all programs. An individualized copy of this form was sent to the site four months after technical assistance was provided.

**Program Technical Assistance.** Immediately after the selection of the initial four programs, the principal investigator contacted each one and arranged for a site visit. During each visit, the principal investigator obtained detailed information on the organization; met with consumers, direct service staff, managers, and some members of the board of directors; met with vocational rehabilitation counselors and relevant county human services personnel; learned about the local economy; and got to know the staff in each program. One of the most important activities of this first visit was to develop a technical assistance plan for each program. The principal investigator, staff, and management discussed needs and then jointly developed a plan for technical assistance.

Technical assistance needs included (a) training in specific areas, such as job analysis, job development, and independent living; (b) specific information on mental illness, head injury, and medications; (c) assistance in redesigning or changing the program; and (d) guidance in developing closer cooperation with funding agencies. Technical assistance was provided through on-site consulting, short-term training, meeting with funding sources and other service providers, providing printed materials, and arranging for outside consultants when the problem was beyond the scope of the Diffusion Network Project staff.

The technical assistance plan was reviewed and revised as necessary at six-month intervals that coincided with project staff interviews conducted on-site with each consumer in the local program.

## **Year 2 (October 1, 1991, to September 30, 1992)**

**Minnesota.** The selection process for Year Two was modified due to a significant infusion of funding in Minnesota. In 1991, the Division of Rehabilitation Services (DRS) and Department of Human Services (DHS) jointly set aside \$160,000 to fund up to four new demonstration projects modeled after the Diffusion Network Project approach. The funding was to be used to develop models to serve persons with psychiatric disabilities and was available for up to two years (an average of \$40,000 per year). A request for proposal process and design for the Minnesota program paralleled the Diffusion Network Project process described in Year 1 above.

The four new programs became part of the Diffusion Network Project, though they were funded entirely by the State of Minnesota, at no-cost to the Rehabilitation Services Administration. Diffusion Network Project staff provided comparable technical assistance and an evaluation of the models' impact to the four programs. The following four programs were selected in December, 1991, by a panel of consumers and advocates, the Division of Rehabilitation Services, the Department of Human Services, and Diffusion Network Project reviewers:

1. Scott-Carver Employability Project, Scott County Department of Human Services,

Shakopee, Minnesota. Two county human services departments serving a rural and partially suburban population southwest of the Twin Cities metro area.

2. Supported Employment Program, K.C.Q., Inc., Faribault, Minnesota. Rice County Supported Employment Program. A supported employment and housing provider serving a city and county of 100,000 in south central Minnesota.
3. Project SAFE. Human Resource Associates, Inc., South St. Paul, Minnesota. Dakota County Coordinated Employability Services. A for-profit mental health provider serving urban St. Paul and near-by suburbs.
4. Wright and Sherburne Counties Coordinated Employment Services, Functional Industries, Buffalo, Minnesota. A rehabilitation facility serving two suburban and rural counties northwest of the Twin Cities.

These four programs were based on cooperation among vocational rehabilitation, mental health agencies, and rehabilitation service providers. A general meeting of all agencies was held in St. Paul in early February, 1992, to explain the Diffusion Network Project and the data collection. Initial site visits were made to each agency during the first week of March, 1992, to obtain baseline program information and to develop technical assistance plans.

**Wisconsin.** Only three new projects were sought in the second year selection sponsored by the Diffusion Network Project due to reduced funding. Requests for proposals were mailed to Wisconsin organizations (as well as to the 17 original nominees from Minnesota) the third week in November and were due by December 31, 1991. Applications were independently reviewed and ranked by the advisory committee (January 15, 1992) and Diffusion Network Project staff. The Request for Proposals and review processes the second year were the same as in the first year (see above). The goal of this second round was to select one new traumatic brain injury program in Minnesota and one for traumatic brain injury and one for psychiatric disability in Wisconsin.

There were no submittals for traumatic brain injury models from Minnesota. Telephone contacts with three of the potential applicants revealed a lack of interest in working with the population and perceived problems in working with this population in a rural area. On January 24, 1992, programs were, therefore, selected from among the Wisconsin applications, two of which served persons with traumatic brain injury:

1. Community Connections Program, Milwaukee Center for Independence, Milwaukee. Wisconsin (traumatic brain injury). A large urban facility serving a wide variety of persons in Milwaukee County.
2. Community-Based Employment Program for Persons With Traumatic Brain Injury, St. Elizabeth's Hospital and Valley Packaging Industries, Appleton, Wisconsin (traumatic brain injury). A joint program by a traumatic brain injury hospital unit and rehabilitation facility serving a city and counties of 150,000.
3. CMI Employment/Community Integration Services, Black River Industries, Medford,



Wisconsin (psychiatric disability). A small rural community-based facility serving a county in north, central Wisconsin.

Initial technical assistance visits were made to each of the three Wisconsin sites during late January and early February, 1992, to document current programming and to identify technical needs.

### **Year 3 (October 1, 1992, to September 30, 1993)**

The third year of the Diffusion Network Project consisted of providing technical assistance, visiting each of the 11 programs twice to interview consumers, and preparation of data for entry and analysis. Technical assistance during the time was marked by attempts to gain long-term funding from county human services agencies for consumers with traumatic brain injuries in Wisconsin. Because most of the programs had stabilized, other technical assistance centered on making minor program adjustments and training new program staff.

Each of the 11 programs was visited twice to interview consumers, to review the programs, and to collect data. Initial plans called for Documents 1, 2, and 4 to be entered into the data base using a lap-top computer during program visits. However, increased travel expenses and time away from classes and internships by the graduate student research assistants made this original plan nonfeasible. Therefore, during program visits the principal investigator or the research associate reviewed the data collection forms and took them to the Research and Training Center for review, coding, and data entry. These activities consumed most of the spring and summer months of 1993. During this time programs were contacted about incomplete and missing documents. Through correspondence and program visits some of the missing data were recovered; however, much data were lost as a result of failure of the programs to keep complete and accurate records. As will be seen in the other sections of this report, this loss severely inhibited data analysis procedures and significantly increased the amount of time needed to analyze the data. Data collection concluded on September 30, 1993.

### **Post-Grant Activities (October 1, 1993, to December 30, 1994)**

In early December, 1993, a two-day conference hosted by the University of Wisconsin-Stout brought together staff and consumers from each of the 11 programs, Wisconsin and Minnesota Advisory Committees members, state officials in vocational rehabilitation and mental health, and consumers. Activities included presentation of preliminary results, future funding possibilities, formal and informal networking, small group discussions of program problems, potential solutions, and developing plans for the continuation of the 11 programs.

After the end of data collection, all programs were contacted and urged to return all relevant documents. These were reviewed by staff for completeness and programs were again contacted about missing data. In too many cases, however, data ( Documents 2 and 4) on consumer activities and gains were inconsistently collected. During the fall of 1993 remaining data coding and entry were completed. The first data analysis, dealing with errors and problems caused by missing data, writing a separate report on site, and presenting preliminary information were performed in 1994.

## Part 1.

### Overall Impact of the Project

*Objective 1: Impact on Consumers. Increase the number of individuals with psychiatric disabilities and with traumatic brain injury participating in community-integration programs.*

The results relating to Objective 1 are reported in four sections: the number of consumers served; consumer characteristics at program entry; a description of ongoing participation in the program; and the overall employment, independent living, and community integration outcomes. Most of the data will be presented for the entire group of consumers as well as by psychiatric disability or traumatic brain injury. In Objective 1 data for all 11 programs were combined to present an overview of the project; Objective 2 contains a separate report on each program. The reader should note that because all programs operated differently and were in different labor markets, each program was considered unique. For this reason, no comparisons among local programs were made, except between programs serving the two populations.

#### Consumer Characteristics on Program Entry

##### Number of Consumers Served

Over the course of the project, the 11 programs had contact with 304 persons (Table 2). Two-hundred and forty-eight (81.6 percent) were consumers with psychiatric disabilities; 56 (18.4 percent) were consumers with traumatic brain injury.<sup>2</sup> During data coding, entry, and analysis it became obvious that not all consumers received significant services and that service and follow-up documents were not available for all 304 persons. Discussions with program staffs confirmed that many consumers did not receive significant services for a variety of reasons: lack of long-term funding, not found eligible for services, and consumer decisions not to continue with services. Consumers were divided into those receiving significant services (stay-ins) and those only having limited contact with the program (drop-outs) by the following criteria: stay-ins (a) had at least ten weekly service records (Document 2) and (b) participated in or were tracked through two follow-up interviews (Document 2) or participated in at least one of the two follow-up documents (Documents 3 or 4).

As seen on Table 2 and based on upon these criteria, 71 percent or 216 consumers received significant services from the 11 programs in the Diffusion Network Project. All data analyses reported in this study, both for the entire sample and for individual sites, are based on the 216 consumers who stayed-in the programs.<sup>3</sup> It needs to be mentioned that, in the initial application for the Diffusion Network Project, the criterion for meeting Objective 1 was to serve

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<sup>2</sup>Classification of persons into the two disability groups in this report was based on the type of program in which they were enrolled (Table 2). Although this commonly overlaps with their disability, there are some exceptions. For example, a few persons with organic mental disorders were served in programs for traumatic brain injuries.

<sup>3</sup> Konop (1995) found that there were no significant differences in demographical, employment, housing, and support variables between drop-outs and stay-ins.

**Table 2. Consumers Accessing and Receiving Significant Services  
by Disability and Location<sup>1</sup>**

Type of Disability and Participating Organization	Data Collection Start Date <sup>2</sup>	Consumers Involved					
		Total Contacted by Program		Receiving Significant Services		Drop-outs or Receiving Minimal Services	
		f	%	f	%	f	%
<b>Psychiatric Disability</b>							
Human Development Center, Duluth, MN	June 1, 1991	72	29.0	42	22.5	30	49.2
Human Resources Associates, South St. Paul, MN	March 13, 1992	23	9.3	16	8.6	7	11.5
K.C.Q., Inc. Faribault, MN	January 31, 1992	35	14.1	28	15.0	7	11.5
Scott-Carver Employability Project, Shakopee, MN	February 20, 1992	20	8.1	16	8.6	4	6.5
Transitional Living Services, Milwaukee, WI	May 10, 1991	26	10.5	23	12.2	3	4.9
Black River Industries, Medford, WI	March 1, 1992	11	4.4	10	5.3	1	1.6
Functional Industries, Buffalo, MN	March 11, 1992	61	24.6	52	27.8	9	14.8
Sub-Totals for Consumers with Psychiatric Disability		248	81.6	187	86.6	61	69.3
<b>Traumatic Brain Injury</b>							
Productive Alternatives, Fergus Falls, MN	September 1, 1991	40	71.4	18	62.1	22	81.5
Rehabilitation Center of Sheboygan, Sheboygan, WI	June 1, 1991	6	10.7	4	13.8	2	7.4
Milwaukee Center for Independence, Milwaukee, WI	October 6, 1992	5	8.9	5	17.2	--	--
St. Elizabeth's Hospital and Valley Packaging Industries, Appleton, WI	April 15, 1992	5	8.9	2	6.9	3	11.1
Sub-Totals for Consumers with Traumatic Brain Injury		56	18.4	29	13.4	27	30.7
<b>Total for All Sites and Disabilities</b>		304	100.0	216	71.1	88	28.9

<sup>1</sup>Information taken from Document 2, Consumer Week at a Glance, collected on each consumer active in program weekly.

<sup>2</sup>Data collection for all sites ended September 30, 1993.

100 consumers. Over twice that number of consumers participated in the programs. In summary, while 304 consumers had contact with the 11 programs, the 216 who received significant services form the sample for all remaining data analyses.

### **Consumer Demographics**

Tables 3 and 4 present the basic demographic characteristics of the 216 consumers in the final sample and compare the two service populations. When reviewing these tables, the reader should note that the total number of observations varies considerably due to missing data on Document 1 items.

**Consumer Demographic and Disability Characteristics.** Table 3 compared gender, marital status, and racial status by disability group. Almost 60 percent were male and about 40 percent were female. Very few consumers were married, and very few were non-white. Regardless of disability, the typical consumer was a white, single, male. The average were 23.50 years old at their disability onset and entered the program when they were 33.70 years old. The average years of education was slightly beyond high school graduation.

The only significant difference between the two disability groups on demographic characteristics was that there were more men than women in the traumatic brain injury group. Persons with psychiatric disabilities and persons with traumatic brain injuries did not differ greatly on marital status, racial status, years of education, age of disability onset, or age at program entry. In general, these findings are typical of the demographic data reported in the literature for these two disability groups. Serious psychiatric disability commonly begins in the later teens or early 20s, and traumatic brain injuries are more common among younger males.

In summary, with the exception of gender, there were no significant differences between the two disability groups on basic demographic characteristics.

Table 3 also presents the major disability variables for all consumers. There were 187 persons in the seven programs serving psychiatric disabilities. Within this population, the most common disabilities were schizophrenia and affective disorders. Among the four programs serving persons with traumatic brain injuries, 23 persons were determined to have a traumatic brain injury<sup>4</sup> and six had organic mental disorders. These inconsistencies require an explanation. The 11 programs were funded to serve persons either with a psychiatric disability or with a traumatic brain injury. As can be seen on Table 2, this programmatic classification generally agreed with the consumer's actual disability.

Two of the 187 persons with psychiatric disability were misdiagnosed as having a traumatic brain injury, but both had a major psychiatric disability as a secondary disability. Of the 29 persons classified as having a traumatic brain injury (Table 2), six were reported to have organic brain damage. For example, two young men had very high fevers while infants that caused brain damage; another consumer had organic brain damage resulting from a loss of oxygen at birth. Perhaps a more accurate title for the consumers with traumatic brain injury would be "brain trauma or injury."

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<sup>4</sup>Although the severity of the traumatic brain injury was asked of each consumer, programs were unable to provide this information. Therefore, the severity of the head injury is unknown for all persons in this group.

**Table 3. Comparison of Consumer Samples on  
Personal Characteristics<sup>1</sup>**

Items and Responses	Percents for Each Disability Group				Analysis		
	Psychiatric Disability	Traumatic Brain Injury	Totals		Chi Square	Degrees of Freedom	p-Level
			f	%			
<b>Sex</b>							
Male	52.7	86.2	123	57.2	11.51	1	.001
Female	47.3	13.8	92	42.8			
Total			215				
<b>Marital Status</b>							
Single	91.4	89.7	185	91.1	0.763	1	.763
Married	8.6	10.3	18	8.9			
Total			203				
<b>Racial Status</b>							
Non-white	7.5	3.4	14	6.9	0.63	1	.420
White	92.5	96.6	188	93.1			
Total			202				
<b>Primary Disability</b>							
Traumatic Brain Injury	1.1	75.9	24	11.7	182.23	5	.000
Schizophrenia	35.2	0.0	62	30.2			
Affective Disorder	46.6	0.0	82	40.0			
Personality Disorder	7.9	3.4	15	7.3			
Organic Mental Disorder	0.0	20.7	6	2.9			
Other Psychiatric Disability	9.1	0.0	16	7.8			
Total			205				
<b>Secondary Disability</b>							
Any Psychiatric Disability	22.3	17.9	36	21.6	30.85	7	.000
Traumatic Brain Injury	0.7	0.0	1	0.6			
Chemical Dependency	18.7	7.1	28	16.8			
Mental Retardation	15.1	14.3	25	15.0			
Physical Disability	6.5	25.0	16	9.6			
Learning Disability	2.9	7.1	6	3.6			
Other, Specific	4.3	25.0	13	7.8			
No Secondary Disability	29.5	3.6	42	25.1			
Total			167				
<b>Referral Agency</b>							
Vocational Rehabilitation	36.5	72.4	75	42.2	26.41	4	.000
Mental Health Agency	35.8	10.3	56	31.6			
Other Program, Same Organization	14.9	3.4	23	13.0			
Self-Referral	10.8	0.0	16	9.0			
Other	2.0	13.8	7	4.0			
Total			177				
<b>Reason for Referral to Program</b>							
General Employment Assistance	34.0	7.4	50	29.8	Note: Chi Square not calculated. missing data in two cells.		
Specific Employment Services Needed	34.0	88.9	72	42.9			
Consumer Wants to Work	22.0	3.7	32	19.0			
Community Integration	2.1	0.0	3	1.8			
Other	7.8	0.0	11	6.5			
Total			168				



**Table 3. Comparison of Consumer Samples on  
Personal Characteristics<sup>1</sup> (continued)**

Items and Statistic	Descriptive Statistics for Each Disability Group			Analysis		
	Psychiatric Disability	Traumatic Brain Injury	Totals	t Test	Degrees of Freedom	p-Level
Consumer Age at Program Entry						
Number	173	29	202	1.04	165	.56
Mean	33.97	32.10	33.70			
Standard Deviation	8.68	10.27	8.92			
Years of Education Completed						
Number	142	25	167	.59	145	.12
Mean	12.68	12.92	12.71			
Standard Deviation	1.89	1.98	1.90			
Age of Disability Onset						
Number	123	24	147	1.57	145	.12
Mean	24.42	18.79	23.50			
Standard Deviation	16.66	12.21	16.16			

<sup>1</sup>Information obtained from Document 1, Consumer Referral and Demographic Information, obtained upon program contact.

About 70 percent of the consumers with psychiatric disabilities and about 96 percent of the consumers with traumatic brain injuries had a secondary, or co-existing, disability. Secondary disabilities of persons with psychiatric disabilities were another psychiatric disability, substance abuse, or mental retardation. Physical disabilities and "other, specific" (most often sensory) were more common secondary disabilities among persons with traumatic brain injuries.

Based on a review of follow-up interviews, it was determined that chemical dependency was underreported as a secondary disability; a more accurate percentage would be that between 40 and 50 percent had a substance abuse problem.

Regardless of disability, most consumers were referred to the Diffusion Network Program by state vocational rehabilitation: 72.4 percent of the consumers with traumatic brain injuries and 36.5 percent of persons with psychiatric disabilities. As would be anticipated, mental health agencies referred many more persons with psychiatric disabilities than they did persons with head injuries. A higher percent of persons with psychiatric disabilities entered the Diffusion Network Programs from other programs within the same provider organization.

Consumers in the two disability groups were referred for different reasons. While the persons with psychiatric disabilities were equally divided into "needed general employment assistance" and "specific employment services" (34% each), 88.9 percent of the persons with head injuries were referred for specific employment services. Improved community integration was the least selected reason.

Several observations can be made from Table 3. First, for both primary and co-existing disabilities, persons with psychiatric disabilities were more diverse than consumers with traumatic brain injuries. Based on the referral sources, consumers with mental illness had the potential for two sources of funding: vocational rehabilitation and mental health. As can be seen

in the 11 program descriptions, persons with traumatic brain injuries were usually referred by vocational rehabilitation agencies; these persons commonly lacked long-term funding. Finally, 88.9 percent of the persons with traumatic brain injuries needed specific employment services, such as occupational exploration and job development. This agreed with the purposes and programs for serving this population. Programs for persons with psychiatric disabilities were more inclined to provide general rather than specific services.

**Employment and Housing History.** Upon program entry, consumers described all jobs that they held during the two years immediately prior to the entering the program. For example, if a consumer worked for six months as a clerical assistant and eight months in a greenhouse, these would be recorded as Jobs 1 and 2. One hundred and seven of the 148 consumers responding to this item were not employed at any job during the two years prior to entering the program. Fifty-five consumers held only one job, and 16 held two jobs during the same time period.

The characteristics of the first job held are further described in Table 4. Of the 148 consumers answering this question, 107 (72.3%) had not worked. Nineteen of the remaining consumers were competitively employed and another 15 were in sheltered or supported employment. The seven persons in the "other" category were either self-employed or not able to identify the type of job held. Although the consumers worked in a variety of jobs, most were employed in entry level positions in food services (23.6%), retail sales (20.0%), and building maintenance (12.7%). Although several consumers had specific skills, two- and four-year degrees, and all had a desire to work, only one consumer was employed as a professional, technical, or skilled worker immediately prior to entering the program.

The hourly wages and number of months employed on Job 1 prior to program entry largely reflect the type of employment held by most consumers (Table 4). The mean hourly wage was \$5.65 and the total number of months employed on this job average 12.19. Although not reported in Table 4, most consumers were employed only part-time. To summarize the above, most consumers had not been employed for the two years immediately prior to program entry. The jobs held by employed consumers were characterized by low wages, low skill, part-time hours, and high turnover rate.

Consumers were also asked about the type of housing and the extent to which they lived independently. There were clear differences between the two disability groups in terms of housing (Table 4). At program entry 35.4 percent of consumers with psychiatric disabilities lived independently and 9.2 percent were living with families, while none of the consumers with traumatic brain injuries were living independently or with family. A plurality of the consumers with traumatic brain injuries lived in supported housing. At case opening, consumers with traumatic brain injuries were living in more restrictive environments than persons with psychiatric disabilities.

In reviewing the data in this section, the lack of significant and obvious differences between the two disability groups is notable. Consumers with these disabilities did not differ greatly on marital status, racial status, age at program entry, years of education, age of disability onset, employment status, type of job, hourly wages, and time employed. The only demographic variables on which there were significant differences were gender and secondary



**Table 4. Comparison of Consumer Samples on  
Employment and Housing Characteristics<sup>1</sup>**

Items and Responses	Percents for Each Disability Group				Analysis		
	Psychiatric Disability	Traumatic Brain Injury	Totals		Chi Square	Degrees of Freedom	p-Level
			f	%			
<b>Employment Status at Case Opening</b>					1.75	3	.63
Competitively Employed	13.8	5.6	19	12.8			
Sheltered and Supported	9.2	16.6	15	10.1			
Unemployed	72.3	72.2	107	72.3			
Other	4.6	5.6	7	4.7			
Total	100.0	100.0	148	100.0			
<b>Classification of First Job Held</b>					Note: Because of number of empty cells, chi square was not calculated.		
Clerical	4.3	0.0	2	3.6			
Retail Sales	12.8	62.5	11	20.0			
Care of Others	4.3	0.0	2	3.6			
Food Services	23.4	25.0	13	23.6			
Food Processing	2.1	0.0	1	1.8			
Building Maintenance	12.8	12.5	7	12.7			
Plants and Animals	2.1	0.0	1	1.8			
Manufacturing	10.6	0.0	5	9.1			
Transportation	2.1	0.0	1	1.8			
Construction	2.1	0.0	1	1.8			
Other Job Classifications	8.5	0.0	4	7.3			
Job Not Known	8.5	0.0	4	7.3			
Sheltered or Protected	6.4	0.0	3	5.5			
Total	100.0	100.0	55	100.0			
<b>Type of Housing at Case Opening</b>					15.09	4	.004
Highly Controlled	16.2	22.2	25	16.9			
Group Home	22.3	33.3	35	22.7			
Supported Housing	16.9	44.4	30	19.6			
Independent Living	35.4	0.0	40	31.1			
With Family	9.2	0.0	12	8.1			
Total	100.0	100.0	148	100.0			
Items and Statistic	Descriptive Statistics for Each Disability Group				Analysis		
	Psychiatric Disability	Traumatic Brain Injury	Totals		t Test	Degrees of Freedom	p-Level
<b>Hourly wage</b>					.03	58	.97
Number	48	12	60				
Mean	5.65	5.63	5.65				
Standard Deviation	1.90	2.06	1.94				
<b>Number of Months Employed</b>					.54	70	.59
Number	63	9	72				
Mean	11.73	15.44	12.19				
Standard Deviation	17.95	28.54	19.36				

<sup>1</sup>Information taken from Document 1, Consumer Referral and Demographic Information, obtained upon program contact

disability. However, differences in disabilities were reflected in the service system variables of referral agency, reason for referral, and housing status. Consumers in both disability groups shared many characteristics and differed only in the variables controlled by service delivery systems.

### Program Participation

This section presents three different types of data on consumer participation in the community-based programs: (a) consumer services needs and hours of services provided, (b) narrative comments made by program staff, and (c) consumer feedback of the helpfulness of specific services. The hours of service and narrative results were taken from Document 2 and the consumer feedback from Document 3. *The only program in the Diffusion Network Project that did not use primarily individual placements was the Human Development Center in Duluth. Because of this major difference in goals between this program and the other programs, it was decided NOT to include any Program Participation and Outcome Data in this summary of all programs. Thus, the data reported in this and the following sections did not include the Duluth local program.*

### Consumer Service Hours

At each of the 11 sites, staff were to complete a case service report (Document 2) for each consumer each week that the consumer was active in the program. Document 2 consisted of two major parts: (a) record the number of hours of service in 28 categories received by each consumer, and (b) describe the consumer's goals, changes in goals, critical incidents, and general impression. Both the hours of service and narrative data were summarized and coded for ease of analysis. The 28 types of services were combined into four major content areas:

Major Content Category	Specific Categories of Service
Pre-employment Services	Assessment and vocational evaluation, job seeking skills, other skill training, and other.
Employment Services	On-site skills training, behavior management, monitoring productivity, employer training and advice, work related transportation, and other.
Community Integration	Nonwork transportation, housing and residential help, health and medical needs, mental health care needs, planning with consumer and others, recreation and social assistance, support groups, and other.
Indirect Services	Reporting, administration, community awareness, job development, placement, coordination of services, networking, and other.
Total	Total hours of service per month in all categories.

*Because of the small number of consumers with traumatic brain injuries for whom Document 2 were available, only the number of hours of services for the first six months are reported. After that time period, there were often fewer than five observations per month for the programs serving persons with traumatic brain injuries. The missing data also prevented the use of repeated measures analysis of variance designs.*

Two-way analyses of variance were calculated for each of the following dependent variables: Pre-employment Hours of Services, Employment Hours of Services, Community Integration Hours of Service, Indirect Hours of Service, and Total Hours of Service (Table 5). Months since entering the program (1, 2, 3, 4, 5, 6) for each consumer and the consumer's major disability (psychiatric disability or traumatic brain injury) were the independent variables in each analysis.

Consumers with traumatic brain injuries received significantly more total hours of services per month than did consumers with psychiatric disabilities in all five types of services. In addition, all the interactions between months and disability groups were significant. However, not all of the mean differences in the five service categories over the six monthly time periods were significant. The major findings on each of the two-way analyses of variance were as follows:

1. Pre-Employment Hours of Services. There was a significant difference in pre-employment services over time. During the first month, the number of service hours was considerably higher for persons with traumatic brain injuries. This accounted for significant statistical differences in the month's main effect and the interaction.
2. Employment Hours of Services. Employment services also were significantly different over time. Persons with psychiatric disabilities had less variation in the mean monthly hours of employment services than did the consumers with traumatic brain injuries. Consumers with traumatic brain injuries received more intensive services during the first months of program participation; however, during the fifth and sixth month, hours of services were less than the other disability group.
3. Community-Integration Hours of Services. There were no significant differences in integration services over time. Consumers with psychiatric disabilities received significantly less integration services than consumers with traumatic brain injuries. The significant interaction indicated the different patterns of services for each group over time.
4. Indirect Hours of Services. Persons with traumatic brain injury received significantly more hours of indirect services than did persons with psychiatric disabilities. Overall, the indirect services times declined as months in the program increased.

Table 5. Comparison of Consumer Samples on Hours of Service and Months in Program<sup>1</sup>

Hours of Service by Content Category and Months	N and Mean for Each Disability Group and Total Group						Analysis of Variance				
	Psychiatric Disability		Traumatic Brain Injury		Total Sample		Source	df	Mean Square	F ratio	p-level
	n	Mean	n	Mean	n	Mean					
<b>Pre-employment Services</b>							Main Effects				
Month 1	236	1.59	36	17.01	272	3.63	Disability Type	1	3945.24	232.79	.000
Month 2	159	1.89	13	2.46	172	1.93	Months in Program	5	87.98	87.98	.000
Month 3	160	1.42	13	3.60	160	1.42	Interaction of Disability and Months	5	718.50	42.40	.000
Month 4	94	1.64	10	3.50	104	1.82	Residual (Error)	876	16.95		
Month 5	60	1.41	7	2.75	67	1.55	Total		26.00		
Month 6	95	1.80	5	2.90	100	1.86					
<b>Employment Services</b>							Main Effects				
Month 1	70	7.52	34	19.02	104	11.28	Disability Type	1	10580.22	50.05	.000
Month 2	76	6.87	38	19.74	114	11.16	Months in Program	5	601.10	2.85	.015
Month 3	90	5.80	32	20.69	90	5.80	Interaction of Disability and Months	5	1241.06	5.87	.000
Month 4	95	5.76	39	18.19	134	9.38	Residual (Error)	711	211.41		
Month 5	98	6.86	34	5.39	132	6.48	Total	722	236.72		
Month 6	89	5.04	28	4.84	117	4.99					
<b>Community Integration</b>							Main Effects				
Month 1	99	.88	19	6.41	118	1.74	Disability Type	1	847.71	105.96	.000
Month 2	73	.78	25	4.37	98	1.70	Months in Program	5	8.01	1.00	.416
Month 3	72	.98	15	5.22	87	1.71	Interaction of Disability and Months	5	5.07	40.69	.000
Month 4	45	1.62	19	3.89	64	2.30	Residual (Error)	449	8.00		
Month 5	34	1.01	14	2.80	48	1.54	Total	460	10.17		
Month 6	35	1.15	11	1.45	46	1.22					
<b>Indirect Services</b>							Main Effects				
Month 1	430	1.72	68	3.84	498	2.01	Disability Type	1	49.81	7.61	.000
Month 2	375	1.80	59	2.52	434	1.89	Months in Program	5	230.39	35.23	.000
Month 3	377	1.61	62	2.58	439	1.75	Interaction of Disability and Months	5	27.67	4.23	.000
Month 4	311	1.77	51	2.55	362	1.88	Residual (Error)	2294	6.54		
Month 5	256	1.54	43	1.66	299	1.56	Total	2305	6.70		
Month 6	242	1.53	32	1.47	274	1.52					
<b>Total Services</b>							Main Effects				
Month 1	576	4.02	89	18.45	665	5.95	Disability Type	1	29130.29	362.21	.000
Month 2	478	4.15	73	14.25	551	5.48	Months in Program	1	182.86	2.27	.045
Month 3	461	3.92	71	13.34	532	5.18	Interaction of Disability and Months	5	1527.29	18.99	.000
Month 4	402	4.26	61	15.55	463	5.75	Residual (Error)	2594	80.42		
Month 5	336	4.55	53	5.91	389	4.73	Total	2605	94.59		
Month 6	315	4.26	42	5.07	357	4.36					

Table 5. Comparison of Consumer Samples on Hours of Service and Months in Program<sup>1</sup> (continued)

Hours of Service by Content Category and Months <sup>2</sup>	One Way Analysis of Variance and Scheffe Multiple Range Test for Psychiatric Disability and Traumatic Brain Injury Groups.					
	Psychiatric Disability			Traumatic Brain Injury		
	n	Mean	F ratio and Scheffe Multiple Range Test ( $< .05$ )	n	Mean	F ratio and Scheffe Multiple Range Test ( $< .05$ )
<b>Pre-employment Services</b>						
Month 1 (1)	236	1.59	F = .59 p = .705 No Significant Difference Between Any Two Cells	36	17.01	F = 7.35
Month 2 (2)	159	1.89		13	2.46	p < .000
Month 3 (3)	160	1.42		13	3.60	Scheffe:
Month 4 (4)	94	1.64		10	3.50	1 > 2
Month 5 (5)		1.41		7	2.75	1 > 4
Month 6 (6)		1.80		5	2.90	1 > 3
<b>Employment Services</b>						
Month 1 (1)	70	7.52	F = 1.19 p = .314 No Significant Difference Between Any Two Cells	34	19.02	F = 2.90
Month 2 (2)	76	6.87		38	19.74	p = .014
Month 3 (3)	90	5.80		32	20.69	No Significant
Month 4 (4)	95	5.76		39	18.19	Difference Between
Month 5 (5)	98	6.86		34	5.39	Any Two Cells
Month 6 (6)	89	5.04		28	4.84	
<b>Community Integration</b>						
Month 1 (1)	99	.88	F = 2.09 p = .066 No Significant Difference Between Any Two Cells	19	6.41	F = 1.51
Month 2 (2)	73	.78		25	4.37	p = .190
Month 3 (3)	72	.98		15	5.22	No Significant
Month 4 (4)	45	1.62		19	3.89	Difference Between
Month 5 (5)	34	1.01		14	2.80	Any Two Cells
Month 6 (6)	35	1.15		11	1.45	
<b>Indirect Services</b>						
Month 1 (1)	430	1.72	F = .89 p = .484 No Significant Difference Between Any Two Cells	68	3.84	F = 1.95
Month 2 (2)	375	1.80		59	2.52	p = .086
Month 3 (3)	377	1.61		62	2.58	No Significant
Month 4 (4)	311	1.77		51	2.55	Difference Between
Month 5 (5)	256	1.54		43	1.66	Any Two Cells
Month 6 (6)	242	1.53		32	1.47	
<b>Total Services</b>						
Month 1 (1)	576	4.02	F = .642 p = .667 No Significant Difference Between Any Two Cells	89	18.45	F = 4.28
Month 2 (2)	478	4.15		73	14.25	p = .000
Month 3 (3)	461	3.92		71	13.34	Scheffe:
Month 4 (4)	402	4.26		61	15.55	1 > 6
Month 5 (5)	336	4.55		53	5.91	1 > 5
Month 6 (6)	315	4.26		42	5.07	

<sup>1</sup>Data obtained from Document 2, Consumer Week at a Glance. N = number of records.

<sup>2</sup>Numbers in parenthesis are the cell identification number for use with Scheffe Tests.

5. Total Services. Because this category was the total of all hours of services, it reflected the four categories described above. The significant differences between the two types of disabilities, months in program and the interaction, all indicate a major difference between the hours of services provided by disability type over time.

While all the two-way analyses of variance on Table 5 had significant interactions (months by disability type), these are of little practical use. In program development for these two disabilities we need to know how the two disability groups differ within themselves. The second section of Table 5 presents one-way analyses of variance on the differences between each cell for each disability. There were no significant differences between the hours of service in all categories for persons with psychiatric disability. Regardless of the month in which services were provided, the average consumer with a psychiatric disability had between one and two hours pre-employment services, about six hours of employment services, about one hour of community integration, between one and two hours of indirect services, and slightly over four hours of total services during his/her first six months in the program.

The results for the consumers with traumatic brain injury were considerably different. During the first month, consumers received significantly greater hours of pre-employment services than they did in months 2, 3, and 4. Although consumers with traumatic brain injuries had significantly different hours of service per month on employment services, there were no significant differences between any pairs of cells. There were no significant differences between hours of service in both community integration and indirect services. The total number hours of service provided differed significantly, with month 1 being significantly different from months 6 and 5. During their first four months in the program, consumers with traumatic brain injuries received more than 13 hours of service per week; during months 5 and 6 this dropped to slightly over 5 hours.

In reviewing the four types of services, several patterns emerge:

1. Consumers with a traumatic brain injury required more hours of service for all service categories than did consumers with psychiatric disabilities. Persons planning programs need to consider very intensive programs for consumers with traumatic brain injuries.
2. The general pattern of services for persons with traumatic brain injuries was to require greater hours of services during the first four months of the programs. In planning for services, consumers and staff need to allow for more service hours during the early months if the consumer has a head injury. Consumers with psychiatric disabilities had no significant changes in the number of hours of services over time. When planning programs for persons with psychiatric disabilities, expect a fairly consistent number of hours of services, even though the specific categories of service will change over time.
3. Indirect services did not fluctuate over time as much as the pre-employment, employment, and community-integration services.
4. All five of the two-way analyses of variances had significant interactions between



months in programs and type of disability. Therefore, services and hours of services need to be flexible to meet the needs of different persons.

## Consumer Narrative

Staff at the 11 programs were asked to complete a short, weekly narrative report on each consumer. This report contained the following items: (a) consumer's goals, (b) changes in goals during this week and reason for change, (c) consumer success in meeting goals, (d) critical incidents, and (e) general comments.

During the first year of the project, a taxonomy of consumer outcomes, problems, and significant behaviors having several hundred categories was developed. These original categories sought to identify and classify a wide variety of human behavior in areas of employment, independent living, education, physical and psychological health, community integration, and personal issues. After coding and entry, it was discovered that these content categories were too specific to be practical. Therefore, the narrative comments for each Document 2 were recoded into 21 categories. These content categories are found in Tables 6 through 10.

Tables 6 through 10 summarize narrative responses as categorized for the six monthly time periods. Because of the small number of Document 2s for persons with traumatic brain injury, both disability groups were combined; most of the responses on these five tables are from persons with psychiatric disability. Even from a brief look at Table 6, it is obvious that most of the consumers' goals were vocational. Less than ten percent of the stated consumer goals dealt with housing and independent living. This agrees with stated goals of the local programs and the data on Table 5.

Consumer vocational goals changed over time. During the early months of the program, consumer goals focused largely on vocational assessment and planning, prevocational skills, and finding competitive employment. As the months progressed, vocational assessment and planning, and prevocational skills declined as goals from 24.4 and 19.8 percent to 12.6 and 10.7 percent, respectively. The goal of competitive employment, however, ranged between 29 and 33.3 percent, very consistent over the time period. The percent of consumers employed and starting a new job goals remained consistently low over the six-month time period. The decline in vocational assessment and prevocational skills as consumer goals followed the general flow of services described earlier: Programs started with evaluation and teaching prevocational skills. There are two levels of goals. The first is the overall goal of competitive or noncompetitive employment. The second level of goals are steps, such as vocational assessment and prevocational skills, leading to the overall vocational goals. The desire for both competitive and noncompetitive employment remained consistent during the time reported in Table 6.

Table 7 contains the changes in consumers' goals. As in Table 6, about 90 percent of the responses centered on vocational goals. Consumers gradually changed vocational goals as they progressed through the employment services in the programs. Vocational assessment and planning and prevocational skills dropped from 17 and 16 percent, respectively, to about 5 and 10 percent. The goals of competitive and noncompetitive employment also changed over time. During the first month, 36 percent of the consumers wanted competitive employment and only

3.5 percent wanted noncompetitive employment. By the sixth month, noncompetitive employment changes rose to 7.3 percent, and competitive employment dropped to 14.6 percent. The continuing on the job goal increased from 1.2 percent to 22 percent. The "Started new job" increased between month one and month four; by the sixth month it had declined to 2.4 percent.

Consumers gradually changed their goals away from competitive employment. This shift appears to be inconsistent with the competitive employment goals on Table 6, in which 29 percent of the consumers had competitive employment as a goal. One explanation is that as some consumers changed goals away from competitive employment, other consumers were changing their goals to include competitive employment. The percentage of competitive goals remained about the same, but individual consumers shifted their goals.

Consumer success at meeting goals is presented in Table 8. Most successes centered on vocational activities. The highest overall percentages of success were in prevocational skills (47.8 percent) and vocational assessment (20.5 percent). The third highest measure of success was continued employment (13.5%), followed by started a new job (6.3%). The high percentage for prevocational skills corresponded to the high number of programs having job seeking skills and related training as major program components. The gradual reduction in the percentage of consumers successful in vocational assessment was related to the common provision of assessment early in a consumer's employment program. The success in continuing on the job gradually increased from 5.3 percent to 24 percent, implying that the longer consumers were in the program, the more they were successful in keeping employed. These results agreed with the employment outcome results presented in the next section.

Table 9 contains the positive or negative critical incidents reported on Document 2. The most common incidents were in continuing on the job, prevocational skills, and mental health issues. As more consumers were placed over time, continuing-on-job related incidents increased between 16.8 percent to 34.3 percent. During the same time, the percent of prevocational skills incidents declined slightly from 24.2 percent to 16.7 percent. Mental health incidents remained fairly constant between 13 and 21 percent.

General comments (Table 10) included any explanations, additional comments, or progress notes considered necessary by program staff. Most general comments were made about vocational aspects: prevocational skills (30.5%), continuing on the job (14.3%), and vocational assessment and planning (13.5%). As with goals (Table 6), the percentage of comments on vocational assessment and planning and prevocational skills decreased between month 1 and month 6.

The narrative sections followed a similar pattern:

1. Most of the narrative centered on the vocational aspects of the program. Because the programs at all 11 local programs focused on job assessment, training, and placement, this finding is consistent with the stated purpose of the programs.
2. The two most common categories were "vocational assessment and placement", and "prevocational skills." These categories declined between months 1 and 6.

Table 6. Consumer Goals by Months in Program<sup>1</sup>

Types of Goals Stated by Consumers	Months in Program												Total Across Months	
	First		Second		Third		Fourth		Fifth		Sixth			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Voluntary Drop-out	1	.3	0	0.0	1	.5	1	.5	2	1.2	0	0.0	5	.4
Other no Report, Specific	1	.3	0	0.0	2	.9	2	1.0	2	1.2	1	.6	8	.6
<i>Vocational Goals</i>														
Vocational Assessment and Planning	79	24.4	35	19.1	43	20.3	19	9.9	23	14.0	20	12.6	219	17.8
Prevocational Skills	64	19.8	26	14.2	22	10.4	15	7.9	16	9.8	17	10.7	160	13.0
Employed	4	1.2	4	2.2	2	.9	0	0.0	1	.6	5	3.1	16	1.3
Noncompetitive Employment Goal	39	12.0	17	9.3	13	6.1	14	7.3	20	12.2	15	9.4	118	9.6
Competitive Employment Goal	94	29.0	57	31.1	74	34.9	67	35.1	53	32.3	53	33.3	398	32.3
Started New Job	2	.6	7	3.8	5	2.4	7	3.7	2	1.2	0	0.0	23	1.9
Continuing on Job	11	3.4	14	7.7	22	10.4	44	23.0	38	23.2	38	23.9	167	13.5
Education and Training	2	.6	0	0.0	4	1.9	2	1.0	1	.6	0	0.0	9	.7
<i>Independent Living and Personal</i>														
Housing	1	.3	0	0.0	4	1.9	1	.5	1	.6	4	2.5	11	.9
Financial	0	0.0	1	.5	0	0.0	0	0.0	0	0.0	0	0.0	1	.1
Mental Health	9	2.8	8	4.4	4	1.9	8	4.2	2	1.2	1	.6	32	2.6
Physical Health	4	1.2	2	1.1	2	.9	2	1.0	1	.6	0	0.0	11	.9
Personal Relationship	1	.3	3	1.6	4	1.9	1	.5	0	0.0	0	0.0	9	.7
Recreation, Social	5	1.5	7	3.8	6	2.8	5	2.6	1	.6	1	.6	25	2.0
Other Nonvocational Goals	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	1.9	3	.2
Independent Living	7	2.2	1	.5	4	1.9	3	1.6	0	0.0	1	.6	16	1.3
Major Crisis Event	0	0.0	1	.5	0	0.0	0	0.0	1	.6	0	0.0	2	.2
Total Across Goal Types	324	100.0	183	100.0	212	100.0	191	100.0	164	100.0	159	100.0	1233	100.0

<sup>1</sup>Data obtained from Document 2, Consumer Week at a Glance; data coded from consumer narrative responses.

Table 7. Changes in Consumer Goals by Months in Program<sup>1</sup>

Types of Changes in Goals Stated by Consumers	Months in Program												Total Across Months	
	First		Second		Third		Fourth		Fifth		Sixth			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Other no Report, Specific	11	12.8	14	32.6	15	26.3	6	14.0	9	25.0	8	19.5	63	20.6
<i>Vocational Goals</i>														
Vocational Assessment and Planning	15	17.4	8	18.6	5	8.8	5	11.6	5	13.9	2	4.9	40	13.1
Prevocational skills	14	16.3	4	9.3	6	10.5	2	4.7	3	8.3	4	9.8	33	10.8
Employed	0	0.0	1	2.3	1	1.8	0	0.0	0	0.0	0	0.0	2	.7
Noncompetitive Employment Goal	3	3.5	4	9.3	2	3.5	3	7.0	1	2.8	3	7.3	16	5.2
Competitive Employment Goal	31	36.0	3	7.0	8	14.0	2	4.7	5	13.9	6	14.6	55	18.0
Started New Job	2	2.3	2	4.7	6	10.5	14	32.6	6	16.7	1	2.4	31	10.1
Continuing on Job	1	1.2	7	16.3	5	8.8	7	16.3	4	11.1	9	22.0	33	10.8
Education and Training	0	0.0	0	0.0	3	5.3	1	2.3	0	0.0	0	0.0	4	1.3
<i>Independent Living and Personal</i>														
Housing	1	1.2	0	0.0	0	0.0	0	0.0	1	2.8	3	7.3	5	1.6
Financial	0	0.0	0	0.0	1	1.8	0	0.0	0	0.0	0	0.0	1	.3
Mental Health	0	5.8	0	0.0	3	5.3	1	2.3	0	0.0	2	4.9	11	3.6
Physical health	0	0.0	0	0.0	1	1.8	1	2.3	0	0.0	0	0.0	2	.7
Personal Relationship	1	1.2	0	0.0	1	1.8	0	0.0	0	0.0	0	0.0	2	.7
Recreation, Social	1	1.2	0	0.0	0	0.0	0	0.0	0	0.0	1	2.4	2	.7
Other Nonvocational Goals	0	0.0	0	0.0	0	0.0	0	0.0	1	2.8	1	2.4	2	.7
Independent Living	1	1.2	0	0.0	0	0.0	1	2.3	1	2.8	0	0.0	3	1.0
Major Crisis Event	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	2.4	1	.3
Total Across Goal Changes	86	100.0	43	100.0	57	100.0	43	100.0	36	100.0	41	100.0	306	100.0

<sup>1</sup>Data obtained from Document 2, Consumer Week at a Glance; data coded from narrative responses.

Table 8. Consumer Success by Months in Program<sup>1</sup>

Types of Success Reported by Consumers	Months in Program												Total Across Months	
	First		Second		Third		Fourth		Fifth		Sixth			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Voluntary Drop-out	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	.7	1	.1
Other no Report, Specific	1	.3	3	1.3	1	.4	2	1.1	2	1.3	0	0.0	9	.7
<i>Vocational Goals</i>														
Vocational Assessment and Planning	95	29.8	48	21.2	45	19.7	23	13.0	23	15.1	22	15.1	256	20.5
Prevocational Skills	157	49.2	121	53.5	121	53.1	81	45.8	59	38.8	58	39.7	597	47.8
Employed	1	.3	1	.4	2	.9	2	1.1	3	2.0	3	2.1	12	1.0
Noncompetitive Employment Goal	2	.6	1	.4	4	1.8	3	1.7	3	2.0	3	2.1	16	1.3
Competitive Employment Goal	0	0.0	0	0.0	1	.4	0	0.0	1	.7	2	1.4	4	.3
Started New Job	12	3.8	11	4.9	15	6.6	19	10.7	13	8.6	8	5.5	78	6.3
Continuing on Job	17	5.3	23	10.2	21	9.2	37	20.9	35	23.0	35	24.0	168	13.5
Education and Training	4	1.3	2	.9	6	2.6	1	.6	0	0.0	0	0.0	13	1.0
<i>Independent Living and Personal</i>														
Housing	1	.3	0	0.0	1	.4	0	0.0	4	2.6	2	1.4	8	.6
Financial	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mental Health	18	5.6	14	6.2	9	3.9	7	4.0	4	2.6	4	2.7	56	4.5
Physical Health	3	.9	1	.4	1	.4	0	0.0	0	0.0	1	.7	6	.5
Personal Relationship	1	.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	.1
Recreation, Social	2	.6	1	.4	0	0.0	0	0.0	0	0.0	1	.7	4	.3
Other Nonvocational Goals	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Independent Living	5	1.6	0	0.0	1	.4	2	1.1	5	3.3	6	4.1	9	0.5
Major Crisis Event	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total Across Success	319	100.0	226	100.0	228	100.0	177	100.0	152	100.0	146	100.0	1248	100.0

<sup>1</sup>Data obtained from Document 2, Consumer Week at a Glance; data coded from consumer narrative responses.

Table 9. Consumer Critical Incidents by Months in Program<sup>1</sup>

Types of Critical Incidents Reported by Consumers	Months in Program												Total Across Months	
	First		Second		Third		Fourth		Fifth		Sixth			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Voluntary Drop-out	1	.7	0	0.0	0	0.0	2	1.5	0	0.0	0	0.0	3	.4
Other no Report, Specific	21	1.3	3	1.9	3	1.9	2	1.5	0	0.0	1	.9	11	1.4
<i>Vocational Goals</i>														
Vocational Assessment and Planning	15	10.1	6	3.9	11	6.8	1	.7	1	1.1	1	.9	35	4.4
Prevocational Skills	36	24.2	30	19.4	31	19.1	25	18.5	18	18.9	18	16.7	158	19.7
Employed	2	1.3	1	.6	1	.6	0	0.0	0	0.0	0	0.0	4	.5
Noncompetitive Employment Goal	2	1.3	3	1.9	3	1.9	2	1.5	0	0.0	1	.9	11	1.4
Competitive Employment Goal	0	0.0	2	1.3	1	.6	0	0.0	1	1.1	2	1.9	6	.7
Started New Job	9	6.0	7	4.5	6	3.7	14	10.4	6	6.3	4	3.7	46	5.7
Continuing on Job	25	16.8	41	26.5	22	13.6	33	24.4	30	31.6	37	34.3	188	23.4
Education and Training	3	2.0	3	1.9	5	3.1	2	1.5	1	1.1	0	0.0	14	1.7
<i>Independent Living and Personal</i>														
Housing	3	2.0	5	3.2	9	5.6	11	8.1	5	5.3	3	2.8	36	4.5
Financial	6	4.0	1	.6	5	3.1	3	2.2	5	5.3	1	.9	21	2.6
Mental Health	24	16.1	27	17.4	34	21.0	19	14.1	13	13.7	14	13.0	131	16.3
Physical Health	7	4.7	13	8.4	7	4.3	10	7.4	7	7.4	14	13.0	58	7.2
Personal Relationship	8	5.4	3	1.9	3	1.9	4	2.9	5	5.3	3	2.8	26	3.2
Recreation, Social	0	0.0	4	2.6	6	3.7	3	2.2	0	0.0	2	1.9	15	1.9
Other Nonvocational Goals	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	.9	1	.1
Independent Living	1	.7	2	1.3	2	1.2	1	.7	1	1.1	3	2.8	10	1.2
Major Crisis Event	5	3.4	4	2.6	13	8.0	3	2.2	2	2.1	3	2.8	30	3.7
Total Across Critical Incidents	149	100.0	155	100.0	162	100.0	135	100.0	95	100.0	108	100.0	804	100.0

<sup>1</sup>Data obtained from Document 2, Consumer Week at a Glance; data coded from narrative responses.



Table 10. General Comments About Consumers by Months in Program<sup>1</sup>

Types of General Comments About Consumers	Months in Program												Total Across Months	
	First		Second		Third		Fourth		Fifth		Sixth			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Voluntary Drop-out	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other no Report, Specific	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0	1	.4
<i>Vocational Goals</i>														
Vocational Assessment and Planning	14	26.4	6	14.0	6	12.5	4	9.1	3	7.5	3	7.9	36	13.5
Prevocational Skills	22	41.5	16	37.2	15	31.3	12	27.3	10	25.0	6	15.8	81	30.5
Employed	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0	1	.4
Noncompetitive Employment Goal	0	0.0	2	4.7	3	6.3	1	2.3	4	10.0	4	10.5	14	5.3
Competitive Employment Goal	0	0.0	1	2.3	2	4.2	1	2.3	2	5.0	2	5.3	8	3.0
Started New Job	2	3.8	0	0.0	0	0.0	4	9.1	0	0.0	1	2.6	7	2.6
Continuing on Job	4	7.5	7	16.3	5	10.4	8	18.2	8	20.0	6	15.8	38	14.3
Education and Training	0	0.0	0	0.0	1	2.1	0	0.0	0	0.0	0	0.0	1	.4
<i>Independent Living and Personal</i>														
Housing	1	1.9	1	2.3	1	2.1	1	2.3	0	0.0	3	7.9	7	2.6
Financial	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0	1	2.6	2	.8
Mental Health	2	3.8	2	4.7	7	14.6	4	9.1	8	20.0	9	23.7	32	12.0
Physical Health	3	5.7	2	4.7	2	4.2	2	4.5	1	2.5	0	0.0	10	3.8
Personal Relationship	1	1.9	3	7.0	5	10.0	0	0.0	2	5.0	0	0.0	11	4.1
Recreation, Social	1	1.9	1	2.3	1	2.1	0	0.0	0	0.0	0	0.0	3	1.1
Other Nonvocational Goals	1	1.9	0	0.0	0	0.0	1	2.3	0	0.0	1	2.6	3	1.1
Independent Living	2	3.8	1	2.3	0	0.0	2	4.5	2	5.0	1	2.6	8	3.0
Major Crisis Event	0	0.0	0	0.0	0	0.0	2	4.5	0	0.0	1	2.6	3	1.1
Total Across General Comments	53	100.0	43	100.0	48	100.0	44	100.0	40	100.0	38	100.0	266	100.0

<sup>1</sup>Data obtained from Document 2, Consumer Week at a Glance; data coded from narrative responses.

3. Between one and six months, the percentage of employment-related categories, such as "started new job" and "continuing on the job" increased.
4. The only nonvocational category considered significant was "mental health" in the critical incidents section. Because most of the consumers in the study were persons with psychiatric disabilities, this finding is very consistent with the primary and secondary disability information on Table 3.

The narrative comments agreed with the sequence of services at each site: beginning with vocational assessment and preplacement activities and moving to employment. The goals of competitive employment and noncompetitive employment remained consistent.

### **Consumer Feedback on Services**

Consumers were asked what vocational (Table 11)<sup>5</sup> and independent living (Table 12) services they found to be helpful or not helpful. The most consistent response was the preplacement services, such as assessment, planning, and job seeking skills. Positive responses to this service ranged between 19.6 and 30.0 percent. Multiple services had the highest percent of responses (26.5%); these included combinations of services such as (a) assessment and job placement, (b) job development and vocational evaluation, and (c) training and after hours support. The category of "other, specific" services include help with transportation, talking to employer and co-workers, job site modification, and keeping close personal contact. Job placement and development services were named by 14.2 percent of the consumers. Only 4.6 percent of the consumers reported that no employment services were helpful.

In looking at the helpful services, we find that services provided prior to actually beginning a job were the most helpful: preplacement and job development and placement. Enclaves, or mobile crews, and job coaching had the lowest helpful percentages. While consumers perceived that most services were helpful, there was a preference for services provided prior to placement. The desire of many persons with psychiatric disabilities to "hide" their disability may be the reason.

In comparing Table 6, consumer goals, with Table 11 we find that the most helpful services were the services that enabled consumers to reach their vocational process goals. While all local programs focused on supported employment, the services considered most helpful, and the most common goals were based on services used in the train-lace model, instead of in the place-train-model, advocated by proponents of supported employment.

Services not helpful in gaining employment are also presented on Table 11. Over the 2-year period, the percent of consumers not helped by any services increased from 44.7 to 66.7 percent. The "do not know" response decreased from 36.8 to 9.2 percent. An average of 54 percent of the consumers believed that no employment services had been helpful, and 25.6 percent did not know. Thus, about 75 percent of the consumers on this table were either dissatisfied with or unsure of their services.

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<sup>5</sup>The data presented in this section combine the two disability groups and does not include Human Development Center data.

**Table 11. Employment Services Identified as Helpful  
and Not Helpful at Six-Month Interview Intervals<sup>1</sup>**

Employment Services Identified as Helpful or Not Helpful by Consumers	Six Month Interview Intervals								Across Time	
	1-6 Months		7-12 Months		13-18 Months		19-24 Months			
	f	%	f	%	f	%	f	%	N	%
Helpful Services										
Preplacement Services	22	25.3	18	29.5	10	19.6	6	30.0	56	25.6
Job placement and Development	10	11.5	9	14.8	9	17.6	3	15.0	31	14.2
Training/Experience	1	1.1	2	3.3	4	7.8	1	5.0	8	3.7
Enclaves or Mobile Crews	0	0.0	0	0.0	1	2.0	1	5.0	2	.9
Job Coaching or Other Support	1	1.1	6	9.8	4	7.8	0	0.0	11	5.0
After Hours Support	4	4.6	1	1.6	1	2.0	0	0.0	6	2.7
Multiple Services	22	25.3	16	26.2	17	33.3	3	15.0	58	26.5
Other, Specific	12	13.8	6	9.8	5	9.8	4	20.0	27	12.3
No Services Helpful	7	8.0	1	1.6	0	0.0	2	10.0	10	4.6
Do Not Know	8	9.2	1	3.3	0	0.0	0	0.0	10	4.6
Total Across Service Types	87	100.0	61	100.0	51	100.0	20	100.0	219	100.0
Not Helpful Services										
Preplacement services	1	1.3	3	5.7	2	4.2	0	0.0	6	3.1
Job placement or development	1	1.3	3	5.7	3	6.3	0	0.0	7	3.6
Training/experience	0	0.0	0	0.0	0	0.0	1	5.6	1	.5
Job coaching or support	0	0.0	0	0.0	1	2.1	0	0.0	1	.5
After hours support	0	0.0	0	0.0	1	2.1	0	0.0	1	.5
Other, specific	12	15.8	5	9.4	4	8.3	2	11.1	23	11.8
No services have helped	34	44.7	30	56.6	30	62.5	12	66.7	106	54.4
Do not know	28	36.8	12	22.6	7	14.6	3	16.7	50	25.6
Total across service types	76	100.0	53	100.0	48	100.0	18	100.0	195	100.0

<sup>1</sup>Data obtained from Document 3, Consumer Progress and Outcomes, through interviews by Diffusion Network Project staff

There were obvious inconsistencies between the results on Table 11. Only 4.6 percent found "No services helpful"; 54.4 percent perceived that "No services have helped." One possible explanation is that consumers expected to obtain employment as a result of these services. When this did not occur, many felt that none of the services were "not helpful." This agrees with the number of consumers having competitive employment as a goal (Table 6). While the outcome goal did not change, the helpfulness of services provided to reach that goal were seriously questioned.

Table 12 presents consumer responses about satisfaction and dissatisfaction with the independent living aspects of the programs. Consumers were considerably more pleased with the independent living aspects of their program than they were the employment aspects. Only 2.3 percent found nothing helpful about the services (4.6% did not know); 27.1 percent found everything helpful (Table 12). Only less than one-third of the consumers did not receive any

independent living services. This finding was consistent with the emphasis of all programs on employment instead of independent living and with the lack of independent living goals (Table 6). While fewer consumers received independent living services than employment services, more were satisfied with these services. Consumers were most satisfied with the "other, specific" category, which contained 43.3 percent of the responses. The most common "other services" were: budget planning, shopping, help with cleaning and cooking, and social activities.

**Table 12. Independent Living Services Identified as Helpful and Not Helpful at Six-Month Interview Intervals<sup>1</sup>**

Independent Living Services Identified as Helpful or Not Helpful by Consumers	Six-Month Interview Intervals								Total Months 1-24	
	1- 6 Months		7 -12 Months		13-18 Months		19- 24 Months			
	f	%	f	%	f	%	f	%	N	%
Helpful Services										
No Services Received	19	22.4	13	21.3	8	15.7	8	40.0	48	22.1
Changed IL Goals	0	0.0	0	0.0	0	0.0	2	10.0	2	.9
Help Move to Place	6	7.1	7	11.5	4	7.8	1	5.0	18	8.3
Increased Staff	3	3.5	3	4.9	3	5.9	1	5.0	10	4.6
Supervision	8	9.4	60	9.8	9	17.6	2	10.0	25	11.5
Increased IL Skills	0	0.0	3	4.9	2	3.9	0	0.0	5	2.3
Financial Assistance	44	51.8	26	42.6	21	41.2	3	15.0	94	43.3
Other, Specific	1	1.2	1	1.6	1	2.0	2	10.0	5	2.3
Nothing Helpful	4	4.7	2	3.3	3	5.9	1	5.0	10	4.6
Do Not Know										
	85	100.0	61	100.0	51	100.0	20	100.0	217	100.0
Total Across Service Types										
Not Helpful Services										
No Services Received	31	35.6	16	26.2	11	21.6	8	42.1	66	30.3
Increased Staff	0	0.0	0	0.0	1	2.0	0	0.0	1	.5
Supervision	4	4.6	1	1.6	1	2.0	0	0.0	6	2.8
Increased IL skills	3	3.4	1	1.6	0	0.0	0	0.0	4	1.8
Financial Assistance	18	20.7	11	18.0	3	5.9	1	5.3	33	15.1
Other, Specific Services	15	17.2	14	23.0	27	52.9	3	15.8	59	27.1
Everything Helpful	3	3.4	4	6.6	1	2.0	2	10.5	10	4.6
Nothing Helpful	13	14.9	14	23.0	7	13.7	5	26.3	39	17.9
Do Not Know										
	87	100.0	61	100.0	51	100.0	19	100.0	218	100.0
Total Across Service Types										

<sup>1</sup>Data obtained from Document 3, Consumer Progress and Outcomes, through interviews by Diffusion Network Project staff. Data coded from consumer interview responses.

In summary, the consumers were very inconsistent in their responses about helpful and nonhelpful employment services. This deserves additional study and thought. They were more satisfied with the independent living services.

Errata Sheet for Table 12, page 32.

**Table 12. Independent Living Services Identified as Helpful and Not Helpful at Six-Month Interview Intervals<sup>1</sup>**

Independent Living Services Identified as Helpful or Not Helpful by Consumers	Six-Month Interview Intervals								Total Months 1-24	
	1- 6 Months		7 -12 Months		13-18 Months		19- 24 Months		N	%
	f	%	f	%	f	%	f	%		
<b>Helpful Services</b>										
No Services Received	19	22.4	13	21.3	8	15.7	8	40.0	48	22.1
Changed IL Goals	0	0.0	0	0.0	0	0.0	2	10.0	2	.9
Help Move to Place	6	7.1	7	11.5	4	7.8	1	5.0	18	8.3
Increased Staff										
Supervision	3	3.5	3	4.9	3	5.9	1	5.0	10	4.6
Increased IL Skills	8	9.4	60	9.8	9	17.6	2	10.0	25	11.5
Financial Assistance	0	0.0	3	4.9	2	3.9	0	0.0	5	2.3
Other, Specific	44	51.8	26	42.6	21	41.2	3	15.0	94	43.3
Nothing Helpful	1	1.2	1	1.6	1	2.0	2	10.0	5	2.3
Do Not Know	4	4.7	2	3.3	3	5.9	1	5.0	10	4.6
<b>Total Across Service Types</b>	85	100.0	61	100.0	51	100.0	20	100.0	217	100.0
<b>Not Helpful Services</b>										
No Services Received	31	35.6	16	26.2	11	21.6	8	42.1	66	30.3
Increased Staff										
Supervision	0	0.0	0	0.0	1	2.0	0	0.0	1	.5
Increased IL skills	4	4.6	1	1.6	1	2.0	0	0.0	6	2.8
Financial Assistance	3	3.4	1	1.6	0	0.0	0	0.0	4	1.8
Other, Specific Services	18	20.7	11	18.0	3	5.9	1	5.3	33	15.1
Everything Helpful	15	17.2	14	23.0	27	52.9	3	15.8	59	27.1
Nothing Helpful	3	3.4	4	6.6	1	2.0	2	10.5	10	4.6
Do Not Know	13	14.9	14	23.0	7	13.7	5	26.3	39	17.9
<b>Total Across Service Types</b>	87	100.0	61	100.0	51	100.0	19	100.0	218	100.0

<sup>1</sup>Data obtained from Document 3, Consumer Progress and Outcomes, through interviews by Diffusion Network Project staff. Data coded from consumer interview responses.

## Consumer Benefits

Consumer outcomes in employment, independent living, and community integration were used to determine the effectiveness of each site and the project as a whole. All data reported in this section were obtained from Documents 3 and 4.

### Employment and Earnings Benefits

During the 6-month follow-up interviews, Diffusion Network Project staff asked consumers about employment. Table 13 presents the employment outcomes at four 6-month periods, together with the employment status at program entry for comparison. Upon program entry 75.9 percent of the consumers were unemployed. By the time consumers had been in the program for six months, the rate of unemployment had declined to 64.4 percent; by the end of 24 months it had declined to 35 percent. Between the first and fourth follow-up period, the percent of persons competitively employed increased from 4.6 percent to 25.0 percent. During the same time, persons employed in supported and sheltered employment increased from 31 to 40 percent.<sup>6</sup>

Two qualifications need to be made. The total number of consumers available for interviews during the 2-year period declined from 87 to 20. These results may be biased in favor of consumers who chose to be interviewed and consumers whom the programs could contact and schedule for an interview. The percentage of persons employed competitively was consistently lower than the percent in supported and sheltered employment. It appears that the major gains in employment were a result of specialized services and support after placement.

Consumers were employed in a variety of jobs, the most common being clerical assistant, cashier in retail trade, building maintenance, and factory assembly. All consumers were employed in unskilled occupations. All consumers were employed in what could be considered as low-skill, high turnover, entry level, and, in most cases, dead-end jobs. Wage and hour data supported this finding. Analysis of reported hourly wages and hours worked during five 4-month follow-up periods indicated that there were neither significant increases nor decreases in either the hourly wage or the number of hours worked. During each four-month follow-up period, consumers earned an average of \$1284.36 and worked an average of 282.52 hours: \$4.54 per hour.

Consumers were asked about what types of support they received on their jobs (Table 14). The most common means of support was "multiple support", followed by "on-site coaching." Multiple supports usually included job coaching, working with employers and co-workers, and off-the-job support. The most common types of "Other, specific" were communicating with employers and co-workers, off-the-job support, and help to families. It was significant that only one consumer in the study reported receiving this type of support.

We also inquired about what consumers liked and did not liked about their jobs (Table 15). Because there were no significant differences over time, all responses were combined.

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<sup>6</sup>Supported employment and sheltered employment were combined because both types of employment are not competitive in that they depend on the services of professional staff to assist in employment



**Table 13. Employment Status at Program Entry and at Six-Month Interview Intervals<sup>1</sup>**

Employment Status and Job Type	Program Entry		Six- Month Interview Intervals								Total Across Months 1-24	
			1-6 Months		7-12 Months		13-18 Months		19-24 Months			
	f	%	f	%	f	%	f	%	f	%	n	%
Employment Status												
Competitive	19	13.5	4	4.6	6	9.8	15	29.4	5	25.0	30	14.0
Supported and Sheltered	15	10.6	27	31.0	29	47.6	25	49.0	8	40.0	89	40.5
Unemployed	107	75.9	56	64.4	26	42.6	11	21.6	7	35.0	100	45.5
Total Across Employment status	141	100.0	87	100.0	61	100.0	51	100.0	20	100.0	219	100.0
Types of Jobs Held												
Clerical	2	3.6	3	10.0	4	15.4	3	10.7	2	20.0	12	12.8
Retail Sales	11	20.0	2	6.7	4	15.4	6	21.4	0	0.0	12	12.8
Care of Others	2	3.6	1	3.3	1	3.8	1	3.6	0	-0.0	3	3.2
Food Services	13	23.6	3	10.0	4	15.4	1	3.6	1	3.6	9	9.6
Food Processing	1	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Building Maintenance	7	12.7	4	13.3	3	11.5	7	25.0	2	20.0	16	17.0
Plants and Animals	1	1.8	1	3.3	2	7.7	0	0.0	0	0.0	3	3.2
Manufacturing	5	9.1	4	13.3	2	7.7	2	7.1	2	20.0	10	10.6
Transportation	1	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Construction	1	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Unclassified Competitive	4	7.3	0	0.0	2	7.7	2	7.1	1	10.0	5	5.3
Sheltered/Protected	4	7.3	12	40.0	4	15.4	6	21.4	2	20.0	24	25.5
Job Not Known	3	5.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total Across Job Type	55	100.0	30	100.0	26	100.0	28	100.0	10	100.0	94	100.0

<sup>1</sup>Data obtained from Document 3, Consumer Progress and Outcomes, through interviews by Diffusion Network Project staff. Data coded from consumer interview responses.

**Table 14. Employment Supports Provided Employed Consumers by Four-Month Intervals<sup>1</sup>**

Type of Support Provided	Four Month Intervals										Totals Across Months	
	5- 8		9-12		13-16		17-20		21-24			
	f	%	f	%	f	%	f	%	f	%	n	%
Group Employment	5	15.2	1	3.6	3	0.0	2	12.5	11	16.7	11	9.5
On Site Job Coaching	5	15.2	7	25.0	9	63.2	8	37.5	41	66.7	41	35.3
Natural Supports	2	6.1	0	0.0	1	0.0	0	4.2	3	0.0	3	2.6
After Hours Support	0	0.0	1	3.6	0	0.0	0	0.0	1	0.0	1	.9
Multiple Support	18	54.5	19	67.8	9	26.3	2	37.5	53	16.6	53	45.6
No support	3	9.1	0	0.0	2	10.5	0	8.3	7	0.0	7	6.0
Total access to types of support	33	100.0	28	100.0	24	100.0	12	100.0	116	100.0	116	100.0

<sup>1</sup>Data obtained from Document 4, Consumer Success and Outline Report, through interviews and records from each program.

Consumers reported mixed and often conflicting reactions to the like and dislike questions. Less than four percent disliked everything about their job, and 27 percent liked everything about the job. The highest percentages of single "like" responses were for tasks and co-workers. About 44 percent of consumers had multiple likes; the most common were tasks and supervision, and co-workers and tasks. The least liked items were hours, supervision, and pay. The hours and pay results might be attributed to the fact that consumers worked part-time for almost minimum wages.

**Table 15. Consumer Likes and Dislikes about Job<sup>1</sup>**

<b>Likes and Dislikes Category</b>	<b>Like about Job (n = 130) %</b>	<b>Dislike about Job (n = 126) %</b>
Nothing (Like Everything)	3.8	27.0
Hours	0.0	11.1
Tasks, Job Duties	16.2	16.7
Supervision	2.3	.8
Co-workers	11.5	4.8
Contact with Customers	4.6	1.6
Pay and Benefits	3.1	5.6
Like (Dislike) Everything	3.8	4.8
Multiple Likes (Dislikes)	43.8	8.7
Other, Specific	10.8	19.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

<sup>1</sup>Data obtained from Document 4, Consumer Success and Outcome Report, through interviews and records from each site.

Twenty-seven percent had no dislikes, 16.7 disliked the tasks, and 11.1 percent disliked the hours. "Other, Specific" dislikes included travel to work, the job coach, and rapid changes from one task to another. Judging from both sides of the above chart, it appears that many consumers were neutral about their jobs or had a pattern that included both likes and dislikes.

The employment benefits can be summarized as follows:

1. The Diffusion Network Project was successful in placing persons with severe disabilities in competitive, supported, and sheltered employment.
2. Most consumers worked part-time and earned slightly above the minimum wage. They did not make gains in either hours worked or hourly wages earned.
3. The types of jobs held by consumers were entry-level jobs requiring few skills. These were the same types of jobs held by consumers prior to becoming involved in one of the 11 programs.
4. Consumers received a variety of employment support, the most common of which was multiple support.

5. Consumers like some aspects of their jobs and disliked others. They do not differ from the rest of the working population.
6. Consumers considered most services to be helpful. The most helpful individual services were preplacement and job placement/development. The services were also common consumer goals.

### **Independent Living Benefits**

Two independent living indicators were examined: (a) housing status and (b) scores on a composite measure of independent living. Housing status during the four 6-month periods is given on Table 16. Housing status at program entry (Table 4) was included for comparison. The largest change in housing status occurred between program entry and the first six months in the program. During that time the percent of persons in independent housing increased from 31.1 percent to 61.9 percent; the number of persons in group homes or in highly controlled housing declined from 23.6 and 16.9 percent to 2.4 and 3.6 percent, respectively. Housing status did not change significantly during the subsequent three 6-month follow-up periods. Thus, a considerable number of consumers in all programs moved into independent housing during their first six months in the programs. After that time there were only minor changes.

Differences between the two disability groups in the study also need to be considered. Table 4 reported a significant difference in type of housing between persons with psychiatric disabilities and persons with traumatic brain injuries at case opening; persons with traumatic brain injuries lived in more restrictive environments. While not reported on Table 16, there were no significant differences in housing status between the two disability groups during any of the 6-month reporting periods. The initial significant difference between the two disability groups and the lack of significant difference during follow-up strongly implied that consumers with traumatic brain injuries made greater gains in achieving independence than did persons with psychiatric disabilities.

The second indicator of independent living was a composite measure of housing status, relationship of present housing status to future independent living goals, the process of decision making, and progress in independent living (see left-hand column of Table 17). This measure produced scores from 1 to 13, with 13 indicating the highest level of independence. In order to determine if consumers' functional level of independence changed as time progressed, a one-way analysis of variance compared the composite independent living score over the four 6-month time periods. There were no significant differences between the mean independent living composite scores. The overall mean composite score was 4.87, indicating a moderate level of independent living.

In addition to the two measures of independent living on Tables 16 and 17, two other findings also suggested a lack of change in independent living status after the first six months in the program: (a) There were no significant changes in independent living goals nor in specific independent living skills either over time or between disability groups. (b) There were no significant differences in the progress toward independent living goals either by time or by disability group.

**Table 16. Consumer Housing Status on Program Entry and at Six-Month Interview Intervals<sup>1</sup>**

Type of Support Provided	Program Entry		Six Month Interview Intervals								Total Across Months	
			1-6		7-12		13-18		19-24			
	f	%	f	%	f	%	f	%	f	%	n	%
Independent Living	46	31.1	52	61.9	35	58.3	32	64.0	13	65.0	132	61.7
Supported Care	30	20.3	12	14.3	10	16.7	9	18.0	4	20.0	35	16.4
Group Home	35	23.6	2	2.4	2	3.3	2	4.0	0	0.0	6	2.8
With Family	12	8.1	15	24.3	11	18.3	6	12.0	3	15.0	35	16.3
Highly Controlled	25	16.9	3	3.6	2	3.3	1	2.0	0	0.0	6	2.8
Total Across Types of Housing	148	100.0	84	100.0	60	100.0	50	100.0	20	100.0	214	100.0

<sup>1</sup>Data obtained from Document 3. Consumer Progress and Outcomes, through interviews by Diffusion Network Project staff

**Table 17. Items and Weights for Independent Living and  
Community Integration Composite Variables<sup>1</sup>**

Independent Living Composite Variable		Community Integration Composite Variable	
Items and Responses	Weight	Items and Responses	Weight
Present Living Situation		Housing Goals	
Highly Controlled	0	Supervised Housing	0
Group Home	1	Rent Apartment or Mobile Home	1
Supported Housing	3	Rent House	1
Independent	5	Own Condo, Mobile Home, House	2
With Family	5	No Goal - Like Present Housing	1
		Other, Specific	1
		Do not Know	0
Present Housing Situation		Make Decisions About Friends	
Prepares for Future Goals	3	Cannot Make own Decisions	0
Not Related to Future Goals	1	Can Make own Decisions	2
Interferes With Future Goals	0	Do not Know	0
Other, Specific	3		
No Goals Stated	0	Consumer's Privacy Respected	
Do not Know	0	Privacy not Respected	0
		Privacy Respected	2
How Decide on Housing Goals		No not Know	0
Long Standing Goals	1	Type of Help	
Talks With Professional Staff	1	Live-in Support	1
Talks With Mental Health Staff	1	Staff on Call	3
Decided for Self	1	Regular Staff Visits	2
Family and Friends	1	No Formal Supervision	5
Multiple Reasons	1	Multiple Help	2
Other, Specific	1	Other, Specified	2
No Goals	0	Do not Know	0
Changes in IL Program		Active in Organizations (up to 3	
Change IL Goals	1	Responses for Each Organization)	
Moved to a Place of Greater Independence	3	Religious Activity	2
Less Staff Supervision in Present Residence	2	Sports	2
Increased Staff Supervision	0	Social Organizations	2
Increased IL Skills	1	Mental Health Self-Help Groups	1
Multiple Progress	2	Chemical Dependency Self-Help Groups	1
Other, Specific	1	Other, Specific	2
No Progress, no Changes	0		
Do not Know	0		
Constant Added to all Scores	1	Constant Added to all Scores	1

<sup>1</sup>Items in composite scores taken from Document 3, Consumer Progress and Outcomes.



There is an inconsistency in these independent living results. Most consumers moved to independent living situations between program entry and their first six months in the program (Table 16). Yet, Table 12 indicated that many consumers did not receive independent living services. One explanation was that most of the consumers who were already living independently upon program received either no or minimal independent living services. The 31 percent living independently at program entry (Table 16) approximates the 22 and 30 percent of consumers who did not receive any independent living services (Table 12). The high percentage of consumers living independently is supported by the small number of consumer goals in housing and independent living on Table 6.

In conclusion, most consumers gained independent housing during their first six months in the program. After this time, most were able to maintain their independent living status. This finding agreed with the practice of many programs in the study to move consumers to a least restrictive environment as soon after program entry as possible.

### **Community Integration Benefits**

The final outcome sought by programs was community integration. Both the philosophical and measured outcome of many programs was to have the consumer integrated into the community and to have him/her function "normally" in society. Community integration was measured by a second composite variable that included the following: housing goals, making own decisions, respect for privacy, assistance required in community living, and involvement in organizations (see right-hand column of Table 17). Possible scores on this measure ranged between 1 and 15, with 15 being the highest community integration score. An analysis of variance comparing the composite community integration score over four 6-month time periods was calculated to determine if there were significant differences in the community integration score among the 6-month follow-up periods. There was no significant difference between the composite scores over the time periods, indicating that consumers did not become more involved in their communities the longer they remained in the program. The mean integration score was 8.32, a moderate degree of community integration.

One very positive finding was that consumers' basic civil rights were respected by all programs. The two items asking about a right to privacy and making decisions about friends had over 90 percent positive responses.

The relationship between the two composite variables was investigated to determine if there was a positive relationship between a high degree of independent living and the amount of community integration. The independent living and community integration composite scores were correlated using a Pearson  $r$ . The resulting  $r = .06$  ( $df = 294$ ;  $p = .305$ ) demonstrated that there was no relationship between living independently and being part of the community. Because a person lives independently does not mean that he/she is or is not involved in community life.

In summary, consumers were not widely integrated into their communities and that integration did not increase over time. This pattern closely parallels the independent living outcomes: little change after the first six months in the program.

## Conclusions From Benefits

Based on the data described above, the following conclusions can be made:

### Employment

1. Overall the program was successful in placing and supporting consumers on jobs. Unemployment was reduced from 75.9 percent to 35.0 percent.
2. Consumers worked in unskilled, entry-level jobs, part-time, and for low wages. While more consumers were employed as a result of the program, there was no change in the quality of employment obtained after receiving services. No relationship between length of time in the program and improved occupational status, hours, or wages was found among these data.
3. There were no differences between the two disability groups on any of the key employment variable.
4. Job support relied heavily on job coaching and other direct contact on employment sites; natural supports were not identified by consumers as a job support method.
5. Consumer program goals were largely vocational, and the most helpful services were pre-employment services that furthered these goals.

### Independent Living

1. Most persons moved into independent housing during their first six months in the program. After that time, the percent living independently remained fairly constant.
2. There were no significant differences between time in the program and increased independent living.
3. There was no correlation between independent living and community integration, as operationally defined in this study. These are two separate concepts.

### Community Integration

1. The basic rights of privacy, freedom to select friends, and refusal of services were respected by all programs.
2. There were no significant differences between community integration scores during the four 6-month time periods. Therefore, consumers generally did not become more integrated in the community as time progressed.

Overall, the Diffusion Network Project's 11 local programs provided services that resulted in the placement of persons with severe disabilities in both competitive and noncompetitive employment. However, in most cases these jobs were marginal in terms of

skills, hours, and wages. Most of the gains in independent living took place during the first six months the consumer was in his/her specific program. Finally, the lack of a significant relationship between independent living and community integration indicates that consumers often lived in the community without being a part of the community.

*Objective 2: Impact on Facilities. Increase the numbers, scope, and capacity of rehabilitation facilities to effectively use appropriate community-integration approaches.*

### Present Status of Sites

One major outcome of the Diffusion Network Project was the creation of 11 new programs providing employment, independent living, and community integration services to persons with severe disabilities. In the initial contract between each program and the Research and Training Center, organizations agreed to operate viable programs at least until the end of the grant period in September, 1993. One test of the influence of the Diffusion Network Project was the number of organizations who continued their programs either in original or modified form, after the end of the project. Nine of the 11 organizations continued to operate their programs, as described in this section, or developed new community-based programs to serve the same populations as of December, 1994.<sup>7</sup> At a few sites, the Diffusion Network Program evolved into a new program with closer ties to both funding sources and consumers. *In conclusion, 9 of the 11 local programs started under the project continued after the close of the project. This means that the Diffusion Network Project may continue to have a considerable positive impact on consumers with severe disabilities.*

The continuation of local programs, increased cooperation between project programs and funding agencies, and closer communication between project programs and other organizations leads to the observation that program success, like individual consumer success, needs to be viewed in a time-frame longer than between 1.5 to 2.5 years. As indicated in the descriptions of each program, each needs time to test reality, to make and correct mistakes, and to grow into effective maturity in the same way persons do. A very interesting study would be to follow-up these programs for another five years.

The first volume of this report presents the technical results of the combined 11 Diffusion Network Project local programs to provide an overall view of the project and of its successes. Because Objective 2 centers on each of the 11 rehabilitation organizations involved in the program, a separate report for each site will be presented. (The reader should note that "community-integration approaches" is broadly defined in this objective to include employment, and independent living, as well as social integration into communities.) Volume II contains descriptions and evaluations of each program model according to the following outline.

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<sup>7</sup>The two organizations who did not continue their programs after the end of data collection were also those in which key staff persons resigned shortly before or after the end of data collection.

## Outline for Local Programs

Descriptions of each local program are presented using the same general outline in Volume II. The amount of detail depended on how complete Documents 1 through 4 were and the quality of the data received.

**Description of Community and Agency.** A brief description of the geographical area serviced by the organization including population, type of economy, and unemployment rate is presented. Size, number of staff and consumers, major programs, and other relevant information are provided for each organization. This section develops the context in which the Diffusion Network Project program operated at each site.

**Description of Consumers and Staff.** The demographic, educational, secondary disability, and related data are provided for each organization. The number, type, full-time equivalency, and major job duties of each staff person are also presented.

**Program Description.** The purpose of this section is to describe each program in sufficient detail to permit replication of the model. After the source and amount of funding are given, the final operational version of each program is presented. Consumer selection and eligibility, description of services, process, program goals and objectives, organization's networking abilities, and expected outcomes are included. The final part presents the hours of specific services provided. The dates of active involvement in the project and a description of major changes in programs and/or services are also given.

**Outcomes.** Three specific outcomes are presented: employment, independent living, and community integration. The amount of data presented under each of these headings is dependent on the quantity and quality of Documents 3 and 4 obtained from each program. Outcomes are presented in six-month time periods from the date the consumer entered the program. At some organizations, the small number of consumers in the program or the small amount of useful data resulted in a narrative report.

**Summary.** The summary highlights the most important findings and gives the author's impressions about each program. The present status of the program at each site is also given.

*Objective 3: Capacity Building. Increase the technical assistance resources available to community-based rehabilitation and employment providers to implement and maintain appropriate community-based employment and social integration.*

This objective can be divided into two sections: (a) Technical assistance given to the 11 local programs by Diffusion Network Project staff and others, and (b) the potential of the programs to provide technical assistance to other organizations. In the Diffusion Network Project, technical assistance was defined as provision of information, advice, networking, feedback, and print or other media materials to staff at each organization and program funding sources. While most of the technical assistance was provided through direct contact either by Diffusion Network Project staff or outside trainers, other forms of communication included telephone and mail.

## Technical Assistance Provided by Diffusion Network Staff

The purpose of technical assistance was to give the 11 local programs with as much information, advice, and support as necessary to allow the projects to become operational and to serve consumers efficiently. While most technical assistance was provided by Diffusion Network Staff, outside consultants gave specialized training on chemical dependency, traumatic brain injuries, and psychotropic medications.

The provision of technical assistance was a key part of the design and management plan of the Diffusion Network Project. Shortly after organizations were selected, each was visited by the principal investigator who (a) reviewed the funded project and discussed any possible changes; (b) met with consumers, staff, and administrators to discuss the project; (c) obtained information on the organization and where the new program would fit within the organization structure; (d) learned about the organization's present networking within the community; (e) met with vocational rehabilitation, mental health, and other resource providers; and (f) learned about the local economy. Based on the above types of information, a separate technical assistance plan was developed for each site. Plans specified the type of needed assistance, how it was to be provided, and who was to provide it. This written technical assistance plan was updated at least every six months. These visits, plus letters and phone calls, kept project staff in close contact with each program. In short, the approach used by the Diffusion Network Project Staff<sup>8</sup> was to develop a personal and long-term relationship with provider organization staff, consumers, and other relevant persons. Between May, 1991, and September, 1993, Diffusion Network Project staff made 76 separate technical assistance visits to the 11 local programs and scheduled five short-term training sessions for staff from multiple programs.

Diffusion Network Project staff provided assistance in the following areas: (a) help with redesigning entire programs; (b) modifications and refinements in existing programs and program components; (c) specific short-term training by outside experts in independent living, traumatic brain injury, and psychotropic medication; (d) discussing a consumer's program with the consumer and making suggestions; (e) recommending new practices in assessment, job development, and job placement; (f) meeting with employers; (g) meeting with consumer funding sources; and (h) communicating among the organization, vocational rehabilitation, and human services. Most technical assistance was provided on-site.

At the start of the Diffusion Network Study, technical assistance consisted largely of providing information and assisting in problem solving. However, as funding limitations threatened the continuance of services to consumers and prevented many consumers from receiving any services at all, the technical assistance activities widened into consumer advocacy. Project staff met with county human services officials to convince them of the need to begin or continue long-term funding, especially for persons with traumatic brain injuries. At some sites this became the major technical assistance activity. In an attempt to positively influence eligibility determination, Diffusion Network Project staff met with vocational rehabilitation counselors and their supervisors. Finally, in Milwaukee County Diffusion Network Project

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<sup>8</sup>The specific technical assistance provided to each site is found in the description of each site and, specifically, on the table titled "Major Events and Dates for . . ."



staff were instrumental in establishing formal linkages among service providers, vocational rehabilitation, and human services.

### **Site Potential to Provide Technical Assistance**

One selection criterion for a Diffusion Network Project site was the organization's potential capacity to provide technical assistance to other organizations developing new programs. By the end of the project in September, 1993, the nine organizations who continued to operate their programs were all capable of providing technical assistance. Beyond presentations that the local programs made at the Community Services Program Annual Conferences and the Minnesota Rehabilitation Association Spring Conference (both in May, 1992), no agencies have given information on their Diffusion Network Project programs directly to other organizations. We expect this to change with the publishing of this book that describes the project as a whole and carefully describes the program and outcome of each agency.

***Objective 4: Replicable Community-Based Models.** Obtain valid and reliable documentation of processes, vocational and independent living benefits, resource requirements, and costs of innovative community-based integration practices devised by consumers and community-based providers.*

The purpose of this section is to offer some observations and conclusions based on continual and in-depth contact with the 11 local programs. This section begins by listing shared program characteristics and then discussing the programs' common problems. Information from these two sub-sections was combined with the program descriptions (Documents 6 and 7) for each site and staff observations to produce a "best practices" section. This section offers specific suggestions for developing and maintaining community-based employment and integration programs.

### **Shared Program Characteristics**

There were 11 local programs in the Diffusion Network Project, seven serving persons with psychiatric disabilities and four serving persons with traumatic brain injuries. These 11 local programs were in two states, were sponsored by a variety of organizations, were in inner cities and rural areas, and were separated by up to 500 miles. In spite of many apparent differences, the programs shared a variety of common elements. While each program was developed to be successful within a somewhat different environment, most or all of the programs had common elements. These commonalities can be attributed to the abundance and availability of information on supported employment, to the fact that all the organizations operated within the mainstream of rehabilitation, and to the technical assistance given by Diffusion Network Project staff. The more important common elements for the organizations were as follows: respect for consumers, emphasis on placement, individual placement models, and similar sequence of services.



## **Respect for Consumers**

In both written and oral communications, the staff and management of each local program indicated considerable respect for the consumers as individuals who should and could make their own choices. Consumers had choices in developing vocational plans and goals and in selecting immediate services. In most programs, the jobs and other employment options were developed to meet specific consumer needs.

## **Emphasis on Employment**

The Diffusion Network Project had two major goals: employment and community integration. Programs were expected to provide or coordinate services in both areas. In initial applications and in program implementation, all local programs placed significantly more emphasis on employment than on community integration. At some programs independent living and community integration services were provided by other agencies or by other programs within the same agency. The provision of these services by other sources permitted many programs to concentrate on employment services. Data to support this came from two sources: (a) the total mean hours per week of pre-employment and employment services were significantly higher than the mean community integration hours, and (b) a review of the 11 program descriptions indicates more emphasis on employment than community integration.

## **Individual Placement Models**

With the exception of the Human Development Center, which placed all consumers on mobile crews that provided janitorial, moving, and/or maintenance services, all organizations actively pursued individual competitive employment as the major job outcome for consumers. Although the remaining organizations used other employment models (e.g., enclaves and sheltered employment), these were considered only temporary, as income supplements, or as specific preparation for individual employment.

There was, however, a major variation in staff involvement in applying an individual placement model. Some consumers with psychiatric disabilities believed that they would be discriminated against if a potential employer knew of their mental illness. Therefore, these consumers sought employment without the direct intervention of the service provider in either the hiring process or in training/support after employment. Others wanted the employer to know of their mental illness and wanted help with securing a job and keeping that job; these consumers readily accepted supported employment. All organizations respected the consumers' wishes in this area and provided services accordingly.

## **Similar Sequence of Services**

All programs using individual placement had a similar sequence of consumer services. First, after a consumer was referred to the program, he/she received some type of eligibility determination that established long-term funding. Because vocational rehabilitation and/or human services agencies controlled most funding, they had control over who and how many entered the local program. Almost no consumers received services if they were not funded by resources outside the program.

Second, all organizations had a formal or informal assessment. Assessments varied from obtaining information on the consumer from other programs, from case workers, and/or from care providers; a formal vocational evaluation; or a short period of situational assessment in sheltered employment. Although the depth of information, as well as the methods for obtaining information varied, at all sites the consumers were directly involved in the vocational decision-making process and all job plans were based directly on the consumers' needs.

Third, there was a period between assessment and job placement during which the consumer received prevocational services. This often included job-seeking skills, skill training, use of transportation, and work adjustment either in sheltered employment or in group supported employment models. Next came job development and placement. The consumer was provided assistance in finding suitable employment or a job was developed for him/her. Although the amount and type of assistance varied widely with the needs and desires of the consumer, some assistance was always available, and the type of assistance depended partially on consumer desires. At a minimum, the programs assisted the consumer in searching for employment; at maximum, they developed a job for the consumer, placed him/her, and provided on-site follow-up. Finally, all consumers had the opportunity for a wide variety of follow-up supports: direct job site assistance, assistance for supervisors, job clubs, individual assistance after normal working hours, and telephone contacts.

### **Networking**

All sites used networking to develop employment opportunities in the community. Older established organizations were often able to draw on memberships in business and civic organizations as well as on a history of community trust. All organizations used boards of directors or business advisory committees, which included local business persons. Two organizations formed consortiums with other service providers to share job leads, and one of these began to develop an affirmative action industry. In many organizations networking with employers was done by staff at all levels. The organizations using networking most effectively had definite goals, kept time consuming contacts with business at a minimum, and knew the businesses and organizations with which they networked.

### **Implementation and Stabilization Phases**

All 11 local programs started with an implementation stage during which program components were closely monitored and changed as needed. While most programs made relatively minor adjustments during this time, a few redesigned their entire program shortly after funding by the Diffusion Network Project. These early changes reflected a desire to place maximum emphasis on community-based employment. Additionally, one organization chose to make major changes after all the direct service staff resigned.

Diffusion Network Staff provided technical assistance to all organizations as these major changes occurred. In some instances, major changes resulted from suggestions made by the principal investigator and state level vocational rehabilitation and mental health staff. In other cases, program redesigns came from the service provider's staff and management.

Although each program started with an implementation phase, the length of this phase

varied by program from one month to over six months. Regardless of whether early program changes were major or minor, all programs eventually entered a stabilization phase. During stabilization, changes in services, methods, and procedures were minor and improved the existing program, rather than changing it radically. Some of these minor changes were a gradual increase in the number of consumers served, exploration of employment with a new industry, increase in follow-up services, and increase in consumer hours of work. When a program entered the stabilization phase, the requests for technical assistance were considerably reduced.

In conclusion, all programs shared a variety of characteristics also common to other supported employment programs. The 11 programs used accepted, contemporary rehabilitation practices to develop their locally relevant programs. In the sense of developing new models, techniques, or approaches to supported employment, these programs were not highly original. They designed and demonstrated effective strategies to place persons with severe disabilities on jobs and to assist with community integration. Each local program achieved these two goals to some degree.

### **Best Practices**

From program commonalities, problems, program descriptions, site observations, conversations with consumers and staff, and discussions between Diffusion Network Project staff, a picture of best practices emerges. Best practices are those behaviors and attitudes more common in successful programs. These desirable elements can be divided into organizational and program practices.

#### **Organization Practices**

The organization established the philosophy and direction under which a program operates. The single most important indicator of success appeared to be the commitment of administration to the belief that persons with severe disabilities can become successfully employed. This attitude was based on realistic knowledge that successful programs could be developed and operated at a reasonable cost. This attitude set the tone for the entire organization. Consumers and staff in successful programs were very aware of the administration's enthusiasm for developing and operating a successful program. Three specific organizational characteristics seem to apply to successful programs:

**Positive Community Perceptions.** The rehabilitation organization was respected within the community as a place where quality services were offered. If the sponsoring organization was a facility, it had the image as an employer, well-run business, and changer of lives. It was not perceived as a charity. The organization and staff were active in community civic and business groups. Staff and administration knew how to access business and civic leaders and how to deal with them effectively. Community involvement often needed to develop over a long time period. In short, the rehabilitation organization needed to be perceived as a stable and respected community member with a service and "product" to sell.

**Attitude of Commitment.** The organization's administration had strong commitment to

the program, staff, and the consumers. This was demonstrated by interest in and careful monitoring of the program by administrators. It also meant being willing to take risks and to explore new options. Often the attitude of commitment resulted in organization flexibility: finding a better way to get the job of rehabilitation done.

**Support by Direct Service Staff.** As was discussed earlier, staff turnover was a common problem at most sites. Although caused by a variety of factors, turnover and burnout were contained because of management support. Management support included providing adequate wages and chances for training, including staff in program decision making, acknowledging of the difficulty of the job, and permitting job rotation. This also meant providing staff support in the same ways that staff gave consumers support. Successful programs supported direct service staff both emotionally and materially.

## **Program Practices**

Although the organizations can offer a supporting and encouraging environment, specific program practices had positive direct effects on increasing the employment and independent living outcomes of consumers. The following is list of elements that had a positive effect on consumer outcomes:

**Determine Long-Term Financial Supports Early.** The most common reason for not providing services or for ending services before success was the loss or lack of long-term financial support. Program managers, vocational rehabilitation counselors, and county human services organizations must agree on long-term support and then stick to these agreements. The importance of this cannot be over stressed. Lack of and loss of support caused two major problems: (a) some consumers did not receive needed services, and (b) staff spent large amounts of time trying to secure funding, which detracted from providing other services to consumers already in the program.

**Realistic Assessment/Evaluation.** Although successful programs applied a wide variety of assessment, evaluation, and occupational exploration methods and philosophies, the common theme was that of realism of the evaluation procedures. Evaluation activities that placed an emphasis on critical job-related behaviors, that provided an opportunity to explore the local job market, and that related consumer interests to specific jobs were characteristic of successful programs.

**Nonlinear Movement and Program Flexibility.** While most programs were established with a definite idea of consumer movement through a sequence of services, in practice most programs were nonlinear. Most programs started with an eligibility determination or assessment. Services beyond this stage usually depended upon the consumer's individual needs. There were few prerequisites to move from one service to the next. Some consumers sought competitive employment as soon as possible, while others took job seeking skills classes or worked in sheltered employment for short periods of time.

**Job Development Involved Consumers.** Whether during evaluation or job development per se, the needs of the consumer were carefully considered during job placement and job development. Program staff were well aware of what type of employment consumers

were looking for and, if the ideal job could not be found, what employment was acceptable for a short time. Very few programs talked of careers with consumers.

**Dedicated Staff Who Respect Consumers as Individuals.** While the four best program practices above could be included into any program and could be measured objectively, the critical element of dedicated staff was more difficult to design into a new program. Staff and consumers knew each other well and from this knowledge developed mutual trust in each others integrity and honesty. Staff with these attitudes need to be hired, and the organization's management must provide reinforcement and reassurance of these consumer-centered behaviors and values.

### **Common Problems**

Just as programs had common elements, many organizations shared a common set of problems. The problems described below were on-going throughout the three-year grant period. Because of their persistence, a considerable amount of time and effort were spent by local program and Diffusion Network Project staffs in finding solutions.

#### **Funding**

Because persons with serious psychiatric disabilities and traumatic brain injuries often need life-long services, participation in an employment program required secure long-term support funding. Commonly, state vocational rehabilitation agencies did not fund services if the consumer did not have long-term support from another agency such as county social services.

Continuing funding was not a major concern at many programs; consumers in the study with psychiatric disabilities had received long-term funding for several years. When these sites had consumer funding problems, it was generally caused by miscommunication among the service provider, vocational rehabilitation, and county human services. In some programs, this miscommunication occurred more than occasionally.

Long-term funding problems were much more common in Wisconsin than in Minnesota. While persons with psychiatric disabilities have community-support programs in most counties and other targeted services, persons with traumatic brain injuries often have to "compete" for funding with other persons served by county human services. Lack of long-term funding kept the number of consumers served at the three head injury Wisconsin sites very small.

#### **Staff Turnover**

Staff turnover, especially direct service staff, was a major problem faced by many programs. This problem, unfortunately, is very common in community-based employment and was not unique to the Diffusion Network Project. Over half the programs had considerable staff turnover at the direct service level; three programs had a more than 100 percent turnover during a 12-month period.

The typical program employed between one and three direct service staff and a



supervisor. Because of this small size, the loss of one staff person would make a considerable difference in the level and continuity of service. Staff turnover often resulted in losing valuable contacts with employers and potential employers. Because staff and consumers often formed close relationships, staff loss would often negatively affect the consumers. Turnover created problems for direct supervisors who were faced with the ongoing problems of recruitment and training of new staff. Diffusion Network Project staff helped with this situation by explaining the program and data collection forms to many new employees. While the lack of long-term funding was the most serious problem, staff turnover was the second most serious problem.

### **Consumer Involvement in Program Operations**

As stated above, consumers were treated with sensitivity and respect and were involved in their own rehabilitation programs. However, at the organizational level consumers had no significant involvement in planning or providing services. While a few organizations had consumer advisory committees, these were generally perceived as ineffective. None of the organizations reported significant consumer involvement in developing the original program or in refining the program after it was funded. Only one agency employed a consumer as a service provider and that was only part-time. In short, the lack of consumer involvement in the program development and service provision was a problem common to all 11 programs.

### **Summary of Subjective Impressions About Sites**

Based on the three years' experience in helping to develop and monitor the 11 programs, Diffusion Network Project staff had a unique opportunity to closely observe many aspects of the community-based rehabilitation process. The following impressions went beyond the data and are offered as observations of the organizations and their programs:

1. The more successful programs had the following: (a) well qualified and motivated staff who respected the consumers, and (b) an organization that had been active in the community and had a variety of contacts, especially with businesses.
2. The two major problems of the programs were: (a) staff turnover of direct service and first-line supervisory staff, and (b) problems with securing long-term funding for consumers for placement and follow-up services. These funding problems were much more acute for persons with traumatic brain injuries. All programs serving this population had problems with funding and cooperation between the local vocational rehabilitation office and county social services.
3. Although organizations were encouraged to include consumers in designing programs and daily operations, none of the organizations included consumers in decision making about the overall program. Only one program hired a consumer as a direct service provider, and he only worked part-time. Each of the 11 local programs actively or passively resisted suggestions to establish procedures for involvement of qualified consumers in program development, monitoring, and modification.



4. All programs applied well-accepted methods and procedures of supported and community-based rehabilitation, and, yet, there were considerable differences in consumer outcomes. While all programs had a basic level of effectiveness, the more successful programs came about as a function of the organization's involvement in the community, the dedication of the direct service staff, and the fairly secure funding for the consumer's long-term support rather than the specific procedures and services offered by the organization.

*Objective 5: Dissemination and Diffusion. Disseminate the results of both the demonstration of the diffusion process and the effectiveness of the community-integration practices implemented by participating providers and consumers.*

### Dissemination

Since the early phases of the project, there have been considerable dissemination activities. These have ranged from general descriptions of the Diffusion Network Project to data-based presentations. The following presentations have been made regarding the Diffusion Network Project:

Botterbusch, K. F., & Menz, F. E. (1992, May). *Diffusion network project: Panel presentation.* Panel convened at the Community Services Program Annual Conference, Duluth, MN.

Botterbusch, K. F., & Nelson, C. (1992, May). *Diffusion network project.* Paper presented at the Minnesota Rehabilitation Association Spring Conference, St. Cloud, MN.

Botterbusch, K. F. (1993, January). *Diffusion network project: Locally developed programs for persons with psychiatric disabilities.* Paper presented at the Conference on Rehabilitation of Children, Youth, and Adults, Tampa, FL.

Botterbusch, K. F. (1993, August). *What helps? Support networks as related to work and independent living outcomes.* Paper presented at the Minnesota Adult Community Support Program Training Conference, St. Paul, MN.

Botterbusch, K. F. (1993, November). *Diffusion network project: Research results and discussion.* Paper presented at the Diffusion Network: Eleven Community-Based Models Conference, Menomonie, WI.

Botterbusch, K. F. (1994, August). *The research program of the University of Wisconsin-Stout Research and Training Center.* Invited seminar, City University, London, U.K.

Botterbusch, K. F. (1994, October). *The Diffusion network project: Locally developed programs for persons with severe disabilities.* Paper presented at National Rehabilitation Association Annual Training Conference, St. Louis, Mo.

In addition to these presentations, the Diffusion Network Project hosted a two-day conference in November, 1993, for the staff and consumers from each of the 11 programs, local

and state level vocational rehabilitation staff, mental health staff, and students. This conference permitted staff at each site to exchange information and ideas, receive information of state and federal initiatives, learn about the first preliminary research findings, network with each other, and exchange ideas.

As of the date of this report, two papers and one journal article have been submitted.

Botterbusch, K. F. (in press). *Service patterns and consumer goals in community-based rehabilitation programs: comparing persons with psychiatric disabilities and persons with traumatic brain injuries*. Paper submitted for 1995 National Rehabilitation Association Training Conference, Dallas, TX.

Botterbusch, K. F. (in press). *Service patterns and outcomes for persons with severe disabilities in community-based rehabilitation programs*. Paper submitted for the 1995 American Rehabilitation Association Annual Meeting and Training Conference, Phoenix, AZ.

Botterbusch, K. F. (in press). Employment history and employment of persons with severe disabilities. Article accepted by *Vocational Evaluation and Work Adjustment Bulletin*.

Other dissemination activities:

Botterbusch, K. F. (1995). *Diffusion network project, volume II: Program descriptions*. Menomonie: University of Wisconsin-Stout, Research and Training Center.

Botterbusch, K. F., & Menz, F. E. (1995). *Diffusion network project, volume III: Instrumentation, coding, and database description*. Menomonie: University of Wisconsin-Stout, Research and Training Center.

### Impact

This study has had considerable impact. Eleven new community-based employment programs were established as a result of the study; 216 consumers received significant employment and independent living services. Through the process of technical assistance, staff in each program received short-term training in a variety of areas: program design and modification, introduction to psychiatric disability or traumatic brain injury, job analysis, assessment, career planning, and independent living skills.

The project also had impact at the state level. Securing long-term funding both for consumers and programs was an ongoing problem with most programs. Diffusion Network Project staff worked closely with state and local vocational rehabilitation and mental health personnel to secure funding for both programs and specific consumers. A problem with long-term funding in Milwaukee led to the development of a consortium of service providers for persons with psychiatric disabilities. Over a two-year period, this evolved into a group of vocational rehabilitation counselors, service providers, and county mental health officials that meet regularly to discuss mutual consumers. Finally, data on hours and length of services were

provided to the State of Minnesota for use in budget planning for social and rehabilitation services.

## Part 2. Technical Section

### Development and Quality Control of Data Collection Documents

Seven data collection documents were developed to measure the progress of both consumers and sites. It was assumed that both consumers and programs could provide measures at three different times: (a) a single pre-program entry point, (b) multiple measures of services and consumer changes during the provision of services, and (c) outcomes during and after services. The pre-program consumer and program documents were designed to provide a base line measure of the individual or the sponsoring organization. Changes in the organization's program and the services provided the consumer are considered to be services. Finally, the outcomes for both consumers and programs were considered. A diagram of this organization of documents is as follows:

Purpose of Document	Program Level Document	
	Consumers	Organization
Pre-program status	1	5
Service provision	2	6, 7
Outcomes measured	3, 4	6, 7

### Development of Documents

**Selection of Items.** Document development began with the review of the grant requirements and objectives, followed by the development of the above model. After the general specifications of the needed data were defined, specific items and questions were developed for each document. The content of each data collection form was derived from several sources: (a) reporting requirements of the original Rehabilitation Services Administration's request for proposal, (b) a critical review of the supported employment and independent living literature, (c) the results of a Research and Training Center study on community networks of consumers with psychiatric disabilities and their case managers, (d) items suggested by the project's two advisory committees, and (e) information needed by the State of Minnesota respective to legislative concerns with funding mental health demonstration programs.

A first draft of the data collection documents was developed between February and April, 1991, and included seven forms that were piloted at the first four programs in May, 1991. In January, 1992, the format, content, and instructions of each document were critically reviewed by Diffusion Network Project staff and the staff at the initial four sites. While the wording of several items was revised and some instructions changed, there were no major changes in any

of the data collection documents. Because there were no significant changes, data from all phases of the study were combined.

A brief description of each document and its instructions for completion is given below (See Appendix E for copies of Documents 1 through 7 and their instructions):

**Consumer Documents.** Each of the four consumer documents was developed to measure consumer behavior and progress at specific points. Document 1 determined the "base line" measures of the consumer's life as he/she entered the program. The second document recorded the weekly process of specific services and narrative comments on that process. Documents 3 and 4 were outcome measures of the consumer's progress in the programs. Repeated interviews by program staff and Diffusion Network Project staff were intended to show changes over specific time periods. All statistical data contained on the project as a whole and in each program were taken from Documents 1 through 4. The reader will note that program specific documents follow the same pattern as these four documents: consumer information upon program entry; information on services received; and data on employment, independent living, and community integration outcomes.

**Document 1. Consumer Referral and Demographic Information.** Completed once for each consumer upon program entry, it obtained demographic, living, disability, employment, and benefit information. Program exits and re-entries were also tracked. This form provided the "base line" data for each consumer entering the program.

**Document 2. Consumer Week at a Glance.** Completed weekly by the case manager, it contained two types of information: (a) the hours of service provided in 28 service categories and (b) a brief weekly narrative of the consumer's goals, changes in goals, successes, critical incidents, and general comments. This document provided a weekly record of every consumer in the Diffusion Network Project program; it was used to measure services and changes in vocational goals.

**Document 3. Consumer Progress and Outcomes.** Every six months the principal investigator or research associate interviewed every available consumer in the program using this document. Questions were asked on employment and independent living goals and progress, services received, and changes in the consumer's condition. Through this document Diffusion Network Project staff had ongoing contact with every consumer in the program.

**Document 4. Consumer Success and Outcome Report.** This was completed by the case manager and the consumer at four month intervals from the time the consumer entered the program. Detailed housing, integration, and employment histories were obtained on consumers while in the Diffusion Network Project.

**Organization Documents.** Like the consumer documents above, the four program documents measured base line, process, and outcome details of technical assistance and other contacts with programs. Document 5, completed by the organization, described the organization and the specific community-based rehabilitation programs within that organization at the beginning of the program. Documents 6 and 7, completed after each significant contact with the

organization by Diffusion Network Project staff, provided most of the information on program, personnel, and other changes at each site. Together with Document 5, Documents 6 and 7 were the basis for the descriptions of each local program.

**Document 5. Baseline Description of Agency and Program.** Each agency completed this document once, shortly after its program was selected. A description of the agency, the consumers served by the agency, local labor market, and community connections were included.

**Document 6. Technical Assistance Plan and Document.** This narrative report was completed by Diffusion Network Project staff after each visit to the agency. It provided descriptive material needed to plan technical assistance and monitor program progress.

**Document 7. Diary and Program Notes.** In order to keep abreast of a dynamic program, Diffusion Network Project staff kept a diary on each visit or significant phone contact with each program. Document 7 was also used for recording Diffusion Network Project staff's subjective impressions of programs and their progress.

**Codes and Documents.** Codes were developed for both opened-ended and "multiple choice" item formats for Documents 1 through 4. Codes for open-end items were developed in two stages: First, during the development of the specific document, the possible or logical responses to these items were noted and recorded. Second, in the fall of 1991 Diffusion Network Project staff reviewed Documents 1 through 4. The frequencies of all open-ended items were recorded and the content categories revised accordingly.

Three codes require additional explanation. In Document 2, local program staff had the opportunity to record the consumers' weekly goals, changes in goals, success in meeting goals, critical incidents, and general comments. Because these topics could literally cover most of human experience, a detailed coding system developed to cover information on pre-employment activities, employment, education and training, housing, finances, mental health, physical health, personal relationships, independent living, and major crises.

Jobs held by consumers prior to program entry or employment after program entry were coded according to their most relevant **Dictionary of Occupational Titles Code** using the OASYS Job Match System, Version 1.2. If a consumer was employed either in supported employment or in sheltered employment, the DOT code closest matching the job was assigned. Finally, places of employment or industries were assigned a four digit Standard Industrial Classification code.<sup>9</sup>

## Quality Control

Quality control was achieved through training of staff and by monitoring local programs. At the time of the initial technical assistance visit, the principal investigator carefully reviewed

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<sup>9</sup>Volume III includes final coding instructions for documents and description of final database and is available upon request from the Center.



all documents with direct service staff and supervisors. Program staff were invited to review Documents 1, 2, and 4 and to ask questions about any item needing clarification and additional information. During this visit, program staff were asked to set up procedures for ensuring that Document 1 was completed on program entry, Document 2 once a week, and Document 3 every four months from the time the consumer entered the program. Program staff were encouraged to telephone if they had any questions about completing a document.

The high turnover of program staff affected the extent to which complete data could be obtained on all consumers and organizational documents. Whenever possible, Diffusion Network Project staff visited each program to train new staff in the use of documents. During each visit, Diffusion Network Project staff inquired about data collection problems and questions, retrained staff as necessary, and reviewed available Documents 1, 2, and 3.

Quality control in data collection also included Diffusion Network Project staff. Here there were two concerns: First, that the training given to program staff was consistent both between programs and over time. Second, that the Document 3 data were obtained and recorded consistently. The same methods were used to solve each potential problem. All program technical assistance and interview visits were made by either the principal investigator or the research associate. Thus, only two Diffusion Network Project staff persons had contact with consumers. During 1991, all interviews were conducted by the principal investigator. When he was certain that his approach was consistent, he trained the research associate and then monitored the associate's work. After the research associate reached proficiency, he and the principal investigator monitored each other's data collection and training.

### **Data Collection, Coding and Entry, and Missing Data**

#### **Data Collection**

Documents 1, 2, and 4 were collected by the staff at each local program site. The information for completing Document 1 was obtained from case records and from the consumer upon program entry. The date of program entry was to be clearly entered on this document; the number of weeks or months in the program was based on the date of program entry on this document. Document 2 was collected weekly, even if the consumer had received no services that week. The follow-up interview, Document 4, was obtained at four-month intervals after the consumer entered the program. Program staff were urged to complete each record in a timely, complete, and accurate manner. They were also encouraged to ask Diffusion Network Project staff any questions about data collection. During technical assistance and other visits, Diffusion Network Project staff reviewed a sample of Documents 1, 2, and 4 as a quality control measure.

Collecting information from the 6-month consumer interview (Document 3), the technical assistance plan (Document 6), and the program diary (Document 7) were the responsibility of the Diffusion Network Project staff. All Document 3 interviews were scheduled by program staff and conducted by Diffusion Network Project staff. Documents 6 and 7 were completed either during the visit or immediately after the visit. Copies of each report were given to the project director and reviewed by the rest of the Diffusion Network Project staff.

## Data Coding and Entry

The initial plan was for Diffusion Network Project staff to code and enter consumer data on Documents 1, 2, and 4 on site. A graduate assistant traveled to each program with a laptop computer to review the documents, ask program staff about missing data, code the document, and enter data into the computer. This process was used during the first nine months of the project. After this time Diffusion Network Project staff decided to bring all data to their offices for coding and entry. This decision was made for the following reasons: (a) Decisions of data coding were being made by one person without being able to be checked by other staff; (b) as more sites were added, the burden of coding and entry by one person became too great; (c) travel expenses could be reduced by having documents sent to the Research and Training Center; and (d) the travel schedule was seriously interfering with the graduate assistant's classes and internship.

During the second and third year, all documents were coded and entered by Diffusion Network Project staff at the University of Wisconsin-Stout. In this process each consumer was assigned a unique number that was entered on all his/her documents; each of the 11 local programs were also assigned a site number. As documents were received, the project secretary checked the consumer's name against the record of existing data. If the consumer was new to the program, a new consumer number was assigned. Next she reviewed Document 1; if it was not complete, the agency was contacted in an attempt to obtain the missing data. On Documents 2 and 4 the date on each document was carefully checked, and each document was arranged by consumer code and then by date. Coding was completed by the project secretary, the research associate, and the graduate assistant. The project secretary completed most of the coding on Document 1; the graduate assistant completed the codes for Document 2 and 4. All staff were trained by the principal investigator, and every tenth document was reviewed by him.

Data entry formats were developed. After coding, all data were entered into a data base using the "dBASE III+" computer program (Jones, 1987). Separate data bases were created for Documents 1 through 4. During this process, data were randomly checked for errors by the principal investigator and the project secretary. As data were entered, some preliminary data analyses were performed by project staff to investigate the frequencies of variables for feedback on coding and to investigate the most commonly assigned codes. The Absurv software program was used to determine these frequencies (Anderson-Bell, 1991). After all data were entered, the four data bases were uploaded to the University of Wisconsin-Stout VAX system.

## Missing Data

One of the major ongoing problems was the quantity and quality of data with Documents 1, 2, 3, and 4. Many local programs had problems in completing these forms. Document 1 was to have been completed upon program entry by the consumer and staff. Some Document 1s had a considerable amount of missing information. For example, almost none reported the consumer's mental health history nor his/her source(s) and amount(s) of benefits. During data entry, records of missing data were kept and programs with missing data were contacted and asked to provide the needed information. While many programs supplied the needed data, some information was not recovered. Similar problems existed with Documents 2, 3, and 4.

Documents were submitted with missing items (mostly in Documents 1, 2, and 4). Missing data were most commonly found in the following areas: history of psychiatric disability, including hospitalizations and recent treatment; monthly amounts of benefits, such as SSI, SSDI, and general relief; employment history for the two years prior to program entry, including jobs held and income; and type of housing at case opening. In Document 2 the narrative comments (e.g., consumer goals and consumer successes) often were missing. Document 4 was intended to capture data on employment and housing outcomes. Here the most common source of missing data were employment related variables: job titles, wages, and hours worked.

Also, some documents were missing data (mostly in Documents 2, 3, and 4. Consumers in programs were to have a Document 2 completed every week. For example, if a consumer was active in a program for one year, there should have been 52 completed Document 2s for that person. Over 8,700 Document 2's were coded and entered by the end of the project. Because many programs did not complete a Document 2 if the consumer did not receive any services during a particular week, many of the missing Document 2s would not have provided additional data. Many of the consumers' follow-up interviews using Documents 3 and 4 were also missing. These were caused by problems in locating and contacting consumers, consumers not coming to scheduled interviews, and lack of local tracking systems to remind staff when follow-up interviews were due.

These missing data had an impact on the types of data analyses used. If follow-up data on each consumer during each time interval were available, repeated measures analysis of variance designs would be used. As a result of missing data, Diffusion Network Project staff used a fixed model analyses of variance.

### Data Processing and Analysis

After all data had been received from programs, coded, and entered into their respective data base, the data bases for the four documents were uploaded to the University of Wisconsin-Stout VAX computer system. From that point, all processing and analyses were performed via modem. All data processing used the Statistical Procedures for the Social Sciences program (SPSS, Inc. 1988).

Following up-loading, the dates of all Documents 2, 3, and 4 were recoded to the reflect the number of weeks or months since the consumer entered the program. For example, if a consumer entered the program on July 20, 1992, the Document 2 for that week was recoded to "1," the second week a "2," etc. Dates on Documents 3 and 4 were recoded in the number of months since program entry. Because the dates on Documents 2, 3, and 4 were linked to the date of program entry for each consumer, all time periods reported were based on the time from the date the consumer entered the program. Therefore, while process and follow-up data were collected at different times for different consumers, the time from program entry to these data collection points remained the same number of weeks or months for each consumer.

The next step was to review the frequency distributions of each variable to determine where variables could be recoded or new composite variables formed. The purposes of recoding

were to combine several low-incidence responses into a single response and to combine several responses that were logically the same or very similar. Several new variables were also created by adding or otherwise combining the responses of two or more variables.

The two most important variables were composite independent living and community integration variables developed from items on Document 3. During consumer interviews, Diffusion Network Project staff noticed that while consumers were often living independently in the community, they often had little social interaction with persons in the community. Staff decided to develop two composite scales that would reflect this observation. Diffusion Network Project staff reviewed the items on Document 3 and selected several items that represented the concepts of independent living and community integration. Item weights were assigned according to the degree of independence or integration they represented. In addition, the items and weights on decisions about friends and right to privacy were taken from an earlier Research and Training Center study on consumer networking (Botterbusch, 1994). The items, weights, and scales were critically reviewed by State of Minnesota vocational rehabilitation and mental health service program experts. Table 17 presents the items and weights for the two composite variables. A strong indication of the independence of these two scales from each other was a Pearson  $r$  correlation of .06.

Data analysis continued along two tracks: In the first, standardized analyses were completed for the entire sample and for each separate agency. These analyses were specified in a written data analysis plan. Analyses were selected based on sample sizes, appropriate statistical techniques, and, especially, the overwhelming need to present an accurate picture of what happened in each program. The second track was more speculative. Any significant relationships discovered in the course of data analysis were investigated. Finally, as staff became familiar with the data, they began to develop informal hypotheses about the data. These led to additional data analyses.

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# **Appendix A**

## **State-Level Advisory Committees**

**Diffusion Network Project  
Minnesota State-Level Advisory Committee  
(1990 - 1993)**

**Sandie Brown**, Program Consultant  
Mental Health Division  
Minnesota Department of Human Services

**Sherri Mortensen Brown**, Executive Director  
Minnesota Association of Rehabilitation Facilities

**Claire Courtney**, Rehabilitation Program Specialist  
Division of Rehabilitation Services  
Minnesota Department of Jobs and Training

**Ellie Hands**, Executive Director  
Minnesota Head Injury Association

**Clell Hemphill**, Executive Officer  
Minnesota State Council on Disability

**Richard Seurer**, Program Consultant  
Mental Health Division  
Minnesota Department of Human Services

**Diffusion Network Project  
Wisconsin State-Level Advisory Committee  
(1990 - 1993)**

**Beth Alt, President**  
Wisconsin Brain Trauma Association

**Sue Barnard, Director of Mental Health Programs**  
Luther Hospital  
Eau Claire, Wisconsin

**Elaine R. Carpenter, State CSP Director and**  
Adult Services Coordinator  
Wisconsin Office of Mental Health

**Rick Hall**  
Bureau of Operations and Planning  
Wisconsin Division of Vocational Rehabilitation

**Richard Kosmo, Program Specialist**  
Wisconsin Division of Vocational Rehabilitation

**Dawn Mayer, Employment Specialist**  
Rehabilitation Facilities of Wisconsin

**Anthony Ugo, President of Vocational Division**  
Rehabilitation Facilities of Wisconsin

**Sonja Stoffels, Program Specialist**  
Wisconsin Developmental Disabilities Office

**Lorraine Wilcox**  
Alliance for the Mentally Ill  
Eau Claire, Wisconsin

## **Appendix B**

### **Announcements of Program**

Research and Training Center, University of Wisconsin-Stout

Announces an Invitation to Develop:

**A Diffusion Network Approach  
to Establishing  
Community-Integration Models**

The Research and Training Center, of the University of Wisconsin-Stout, has received funding from the Rehabilitation Services Administration to work with rehabilitation organizations and consumers to develop programs to serve persons with serious and persistent mental illness and with traumatic brain injury. Our goal is to help establish community-based programs that lead to community employment and living and social integration. We envision programs that are locally designed to meet the unique needs of each community.

The project has two goals: (a) to develop replicable community-based programs and (b) to diffuse these programs to other facilities and consumer groups. After new programs have become operational, the knowledge and expertise of staff and consumers would be passed on when these persons train staff and consumers in other rehabilitation organizations. The Research and Training Center would also disseminate information about new programs.

In order to achieve these goals, we will provide initial and ongoing technical assistance to help organization staff and consumers to develop a new program. We are also able to provide limited financial assistance during the first year of operation. In exchange for these forms of assistance, the facility and consumers will need to maintain accurate records for program improvement and program evaluation.

Scope

During this three-year funding cycle (Oct., 1990 - Sept., 1993), the Center will assist in establishing a total of twelve programs. Four new programs will be established each year, two per year in Minnesota and two per year in Wisconsin.

Selection and Selection Criteria

The Research and Training Center has established two advisory committees, one in Wisconsin and one in Minnesota, to select rehabilitation organizations for participation. Both advisory committees are composed of consumers, state vocational rehabilitation staff, state human services staff and facility organizations representatives. These two committees will select two rehabilitation organizations in each state each year.

The following criteria will be used to guide this selection:

- Committed to strong consumer involvement in program planning and delivery.
- Committed to programming to achieve vocational and community-integration goals for consumers.
- Would or are serving persons with serious and persistent mental illness or with traumatic brain injuries.
- Does not have comprehensive vocational community-based programming with the two target groups.
- Ready to develop or expand a community-based program for persons with serious and persistent mental illness or with traumatic brain injury.
- Would utilize technical assistance for developing and implementing appropriate community-based employment programs.
- Willing to participate collaboratively with the Center in a development and research effort.
- Would become demonstration partners over the duration of the Diffusion Network Project.
- Collaborative relationships are in place with other agencies and provider organizations.

For Additional Information

If you are interested in hearing more about how the RTC and rehabilitation organizations will be working closely with consumers to establish a new community-based program for persons with traumatic brain injury or with serious and persistent mental illness, and if you are interesting in passing on new knowledge to other rehabilitation organizations, you can obtain additional information by calling or writing:

Karl F. Botterbusch, Ph.D.  
Principal Investigator  
Research and Training Center  
University of Wisconsin-Stout  
Menomonie, Wisconsin 54751  
(715) 232-1464

1/22/91



## DIFFUSION NETWORK APPROACH TO ESTABLISHING COMMUNITY-INTEGRATION MODELS

### Tentative Criteria for Site Selection

#### Overview

1. Do not have extensive community-based programming.
2. Are committed to strong consumer involvement in program planning and delivery.
3. Are committed to programming to achieve vocational and community-integration goals for consumers.
4. Are positioned to seriously consider developing a community-based program for persons with chronic mental illness or with traumatic brain injury.
5. Would be willing to participate with the project in a collaborative development and research effort.
6. Would or are serving persons with chronic mental illness or with traumatic brain injuries.
7. Desire technical assistance for developing and implementing appropriate supported employment programs.
8. Willing to become demonstration partners over the duration of the project.

Up to four facilities in each state will be identified, each year. Each facility needs to establish one or more community-based employment and integration programs for persons with traumatic brain injury or with chronic mental illness. The following are expansions and comments on the criteria submitted with the project application to Rehabilitation Services Administration:

1. Do not have extensive community-based programming.
  - a. The facility should not have extensive community-based programming in programs for persons with traumatic brain injury (TBI) or with chronic mental illness (CMI).
  - b. The facility can have already established community-based employment and integration projects with other populations.
  - c. The facility can have started to plan or develop community-based programs for the two disability groups or could have started a pilot program.

Comment: The purpose of this project is to help facilities establish and document program practices based on their own needs, using their own expertise and technical assistance received from the Center. Because of this required input, programs started under this project should not be beyond the pilot stage.

2. Are committed to strong consumer involvement in program planning and delivery.
  - a. Facilities should be able to demonstrate consumer involvement in program design and operation.

Comment: The facility should be able to demonstrate a history of consumer/advocate involvement in its programs and administration. Some examples are as follows: Consumers on the board of directors, a separate consumer groups acting as advisors, consumer involvement in program planning, consumers as employees of facility. If the facility has not done this in the past, they need to demonstrate that their new program plans will include significant consumer participation and involvement.

3. Are committed to programming to achieve vocational and community-integration goals for consumers.
  - a. Facilities have formed formal or working agreements with housing providers or have a facility run housing program.

Comment: While we expect that most facilities will be able to deal with the vocational aspects of the program, there may be problems in securing integrated housing for persons with severe disabilities. The selection committee needs to look for evidence that the facility has begun to form linkages with housing providers. Because housing is easier to identify

and measure than community-integration, housing can be partially used as a measure of integration.

4. Are positioned to seriously consider developing a community-based program for persons with chronic mental illness or with traumatic brain injury.
  - a. The community has sufficient employment opportunities for persons with severe disabilities.
  - b. The facility has established networks with employers in the community.
  - c. The facility has a history of innovative programs or has the potential to move in the direction of innovation.

Comment: The committee should look at facilities in communities where reasonable employment opportunities exist. Ideally, the community needs to have a variety of competitive job options for consumers. Available jobs are not enough, however; the facility needs to have at least some networks with employers in place. Because one of the major program outcome criteria is employment, this is seen as critical. Finally, the committee can look at the facility's history of developing innovative programs. It assumes that this history will continue with new programs for the two populations mentioned in the grant. However, if a facility without a history of innovation can demonstrate serious intent, they should also be considered.

5. Would be willing to participate with the project in a collaborative development and research effort.
  - a. The facility agrees to collect required data and to use evaluation results to make program changes.
  - b. The facility agrees to sharing their program results and staff/consumer expertise with other facilities.

Comment: This criteria would establish an active relationship between the facility and the Center. Center staff will help the facility develop their needed program. The facility will collect agreed upon research data on the program per se and on consumers within the program. Although each facility will be obligated to collect a small core of common data, facilities will be encouraged to obtain any additional data that fits their own program needs. The data will be analyzed by the Center and results will be provided to facilities so that they can make program improvements. Second, facilities will need to agree to provide training and technical assistance to new programs.

6. Will or are serving persons with chronic mental illness or with traumatic brain injury.

- a. Facilities are already serving these two groups in other facility programs.
- b. Staff express a definite interest in serving these populations.
- c. Staff believe that persons with chronic mental illness or with traumatic brain injury can work and live in the community.

Comment: This criteria looks at the facility's experience in dealing with these two populations. A staff with experience with these two populations could be a major ingredient in operating a successful program. A willingness to serve these two groups strongly implies an attitude that persons with these severe disabilities can work and live in the community. While experience is important, experience combined with belief in potential might be preferred.

- 7. Desire technical assistance for developing and implementing appropriate supported employment programs.
  - a. Facility demonstrates awareness of need for technical assistance.
  - b. Facility has started preliminary planning for new program.

Comment: The facility's desire for technical assistance is a major consideration. While this does not imply that the Center is the source of all information and program ideas, it does indicate joint problem solving and program planning. One way of determining the facility's commitment to the starting a new service is to determine whether they have given serious thought in their preliminary planning to the project.

- 8. Willing to become demonstration partners over the duration of the project.
  - a. Facilities have planned and committed funds for length of the project.
  - b. Facility staff and consumers will provide technical assistance to new programs.

Comment: The final criteria centers on the willingness of the facility to continue the new program for at least length of the grant. While we would like to see the programs continued indefinitely, this is an unrealistic demand to make on the facilities. The second criteria centers on the diffusion aspect of the grant: Facilities must be willing to assist other facilities develop local community-based employment and integration programs in other communities.

November 2, 1990

# **Appendix C**

## **Final Program Selection Criteria**

The Diffusion Network  
Research and Training Center  
University of Wisconsin-Stout

Application Review Criteria

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Criteria for Application	How well meets criteria		
	Exceeds Criteria	Meets Criteria	Does Not Address Criteria
Committed to strong consumer involvement in program planning and delivery .....	1	2	3
Committed to programming to achieve vocational and community-integration goals for consumers .....	1	2	3
Would or are serving persons with serious and persistent mental illness or with traumatic brain injury.....	1	2	3
Does not have comprehensive vocational community-based programming with the two target groups .....	1	2	3
Ready to develop or expand a community-based program for persons with serious and persistent mental illness or with traumatic brain injury .....	1	2	3
Would utilize technical assistance for developing and implementing appropriate community-based programs.....	1	2	3
Willing to participate collaboratively with Center in development and research effort.....	1	2	3
Would become demonstration project for duration of the Diffusion Network Project.....	1	2	3
Collaborative relationships are in place with other agencies and provider organizations.....	1	2	3

Total Points: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Rank Order: \_\_\_\_\_ (1 = highest)

Please return to the Research and Training Center by April 1, 1991)



## **Appendix D**

### **Request for Proposals and Applicational Materials**

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Request for Proposals  
from

**The Diffusion Network  
Research and Training Center  
University of Wisconsin-Stout  
Menomonie, Wisconsin 54751**

Proposals Due: December 31, 1991  
Awards to be Made: January 31, 1992

The Research and Training Center at the University of Wisconsin-Stout invites your rehabilitation organization to apply for financial and technical assistance to help you design and develop a local program for providing community-based employment and community integration services to persons with **serious mental illness or with traumatic brain injury**.

The Research and Training Center has received funding from the Rehabilitation Services Administration to work with rehabilitation organizations through a Diffusion Network. This Network has two goals: (a) develop new community-based employment and integration programs and (b) disseminate these new programs to other rehabilitation organizations. As a member of the Diffusion Network, we will work with your rehabilitation organization to design and implement a program which meets local needs for community-based employment and community integration.

During the development of these programs, extensive technical assistance will be provided by the staff of the Research and Training Center and the Center for Independent Living at the University of Wisconsin-Stout. We will provide \$10,000 the first year to help you get started. Once your program is established, rehabilitation organization staff and informed consumers may become involved in disseminating innovative programs to other facilities and agencies. The staff of the Research and Training Center will also take an active role in dissemination and diffusion efforts.

If your rehabilitation organization is ready to start a community-based employment and integration program for persons with **traumatic brain injury or with serious mental illness**, we would like you to review the enclosed material and respond by submitting the formal application by December 31, 1991. After all applications have been reviewed by the project's advisory committee and staff, one rehabilitation organization will be selected in **each of the two disability categories**. Other program applicants will be encouraged to reapply in 1993.

If you have any questions, please call me at (715) 232-1464.

Sincerely,

Karl F. Botterbusch, Ph.D.  
Principal Investigator

Enc:  
Fact Sheet on the Diffusion Network  
Criteria for Reviewing Applications  
Application

**The Diffusion Network  
Research and Training Center  
University of Wisconsin-Stout  
Menomonie, Wisconsin 54751**

Application

Name of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I. Please provide the following information on the new community-based program you plan to develop:

1. Program title: \_\_\_\_\_
2. Anticipated start date: month: \_\_\_\_\_ year: \_\_\_\_\_

3. Proposed program will serve persons with the following primary disability (circle one):

- a. Serious mental illness
- b. Traumatic brain injury

4. Estimated first year budget (including the \$10,000 award):

<u>Category</u>	<u>Amount</u>
Personnel	_____
Non-personnel	_____
Indirect	_____
Total:	_____

5. Sources and estimated number of consumers who would be served in this program over the three years.

<u>Source</u>	<u>Number of Consumers</u>
a. Vocational rehabilitation	_____
b. County programs	_____
c. Community support programs	_____
e. Institutions	_____
f. Rehabilitation facility programs	_____

6. Total number of persons to be served in the first year:  
\_\_\_\_ persons.

7. Current funding sources available for supporting a community-based employment or integration program:

Support Information

Funding Source

A\_\_\_\_\_ B\_\_\_\_\_ C\_\_\_\_\_

- a. Estimated dollar amounts for

Job related

services

\$\_\_\_\_\_

\$\_\_\_\_\_

\$\_\_\_\_\_

Community

integration

\$\_\_\_\_\_

\$\_\_\_\_\_

\$\_\_\_\_\_

- b. How likely is funding from this source?

(1 = highly likely)

(2 = likely)

(3 = unlikely)

(4 = very unlikely)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. Number of consumers served

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please provide the following information on the community-based employment programs your rehabilitation agency now operates:

Information Needed

Program Title

A\_\_\_\_\_ B\_\_\_\_\_ C\_\_\_\_\_

- a. Date started (month/year)

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

- b. Estimated annual budget for program

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c. Populations served (TBI/SMI/MR/others)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- d. Total number of persons served last year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- e. Number of consumers employed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- f. Number of consumers unemployed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Likely sources and jobs for consumers in the proposed program (i.e., what employers are in your community?)

<u>Possible Source</u>	<u>Type of job(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Innovative programs your rehabilitation organization has developed in the past five years (please list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. Program Narrative  
(Please limit to five pages)

Please briefly describe how you would develop a new program at your rehabilitation organization. In preparing the narrative section of your proposal, provide information on the following five topic areas:

1. **Program goals and objectives:** Include major purposes of the project and what benefits the proposed program expects to accomplish.
2. **Program overview:** Provide a brief description of the major components of your program. In other words, how will the new program function?
3. **Consumer involvement in the development of the new program:** What steps and processes will be used to insure significant consumer involvement in planning and operating the program.
4. **Expected collaboration or involvement with other agencies:** Describe how you will relate or work with related agencies (e.g., county boards, vocational rehabilitation organizations, and community service programs).
5. **Proposed staffing:** Staff who are currently available, staff that need to be hired, and how the program will be coordinated.
6. **Proposed Time Lines:** Provide clear indication of when staffing, startup, and services to consumers will begin. Here note that due to funding limitations, that the applicant will have to begin to start the project as quick as possible.

Return your application by December 31, 1991 to:

Karl Botterbusch, Ph.D.  
Diffusion Network  
Research and Training Center  
University of Wisconsin-Stout  
Menomonie, Wisconsin 54751



**The Diffusion Network  
Research and Training Center  
University of Wisconsin-Stout  
Menomonie, Wisconsin 54751**

**Fact Sheet for Applicants**

Network Project's Funding Source: Rehabilitation Services Administration (October, 1991 through September, 1993).

**Network Project's Goals**

- Develop replicable effective community-based programs that pursue community-integration goals (both vocational and independent living)
- Extend the adoption of community-based integration practices by additional rehabilitation and consumer organizations

**Network Project's Scope**

- Directly assist rehabilitation organizations to develop six new local models in this state over three years
- Document and evaluate the effectiveness of the six models
- Assist facilities and consumers to become a technical resource for their effective community-based models

**The Research and Training Center will provide ...**

- On-site technical assistance to assist rehabilitation organizations and consumers to design, develop, and implement their community-based program during first year
- Ongoing technical assistance to help rehabilitation organization monitor, evaluate, and adapt program during next two years
- Modest funding for first year to help rehabilitation organization develop and implement the community-based program (\$10,000)
- Training for rehabilitation organization staff and consumers on how to provide technical assistance for adopter sites

**The participating rehabilitation organization will ...**

- Commit to developing its own program to serve persons with traumatic brain injury or persons with serious mental illness
- Promote both vocational and independent living goals through the community-based program
- Have significant consumer and professional collaboration in designing and carrying out the community-based program
- Implement and maintain its community-based program for project period
- Share development experiences and findings about its community-based program with the Center
- Collaborate with Center in evaluation and documentation of their community-based model
- Be willing to serve as a technical resource to other facilities once their model is documented and demonstrated.

For further information, please contact: Dr. Karl Botterbusch at (715) 232-1464.

# **Appendix E**

## **Data Collection Documents**

DOCUMENT 1:  
CONSUMER REFERRAL and DEMOGRAPHIC INFORMATION

Diffusion Network Project  
Research and Training Center  
University of Wisconsin-Stout

Instructions for Minnesota Facilities/Agencies Staff

The purposes of this form are to obtain basic information on each consumer as they enter the program and to record exits and reentries from and to the program. Parts 1 through 4 should be completed once by the direct service staff person who is the consumer's primary service provider. The direct service provider can obtain the information needed to complete this form from any accurate source, such as case history or interview with the consumer or his/her advocate.

Part 5 is a record of exits and reentries from the program. When the consumer leaves the program for any reason, record the date of his/her leaving, the reason why he/she left (e.g., moved, medical treatment) and what he/she is currently doing (e.g., hospitalized, living elsewhere).

Final  
March 9, 1992  
Karl Botterbusch

Document 1:  
Consumer Referral and Demographic Information

Diffusion Network Project

Consumer Code:\_\_\_\_\_ Agency Code:\_\_\_\_\_

Date Entered Diffusion Network Program:\_\_\_\_\_

**Part 1 - Consumer Demographics**

Name:\_\_\_\_\_ Sex:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ Social Security No.:\_\_\_\_\_

Marital Status (check one):

Single:\_\_\_\_\_ Married:\_\_\_\_\_ Divorced:\_\_\_\_\_

Separated:\_\_\_\_\_ Widowed:\_\_\_\_\_ Living Together:\_\_\_\_\_

Race/Ethnic Status (check one):

Black:\_\_\_\_\_ White:\_\_\_\_\_ Hispanic:\_\_\_\_\_

Native American:\_\_\_\_\_ Oriental:\_\_\_\_\_ Other:\_\_\_\_\_

Education:

Special Education:\_\_\_\_\_ Regular:\_\_\_\_\_ Don't Know:\_\_\_\_\_

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Vocational/Technical School Years Completed: 1 2 3 4

College/University Years Completed: 1 2 3 4 4+

Degree/Certificate/Diploma Earned:\_\_\_\_\_

Living Arrangement at Case Opening (check one):

1. Jail/Correctional Facilities:\_\_\_\_\_
2. Regional Treatment Center:\_\_\_\_\_
3. Other Inpatient Psychiatric Facility:\_\_\_\_\_
4. Nursing Home:\_\_\_\_\_
5. Rule 36 - Category I:\_\_\_\_\_
6. Rule 36 - Category II:\_\_\_\_\_
7. Rule 35 Facility (CD Halfway House):\_\_\_\_\_
8. Board and Care:\_\_\_\_\_
9. Board and Lodging:\_\_\_\_\_
10. Foster Care:\_\_\_\_\_
11. Supported Housing Services (includes supervised apartments - not Rule 36):\_\_\_\_\_

12. Independent Living (Alone, with spouse or friends):\_\_\_\_  
13. Transient:\_\_\_\_  
14. Family (with parents or guardian):\_\_\_\_  
15. Other (specify:\_\_\_\_):\_\_\_\_

## Part 2 - Disability Information

Primary Disability:\_\_\_\_\_

Onset of Primary Disability:\_\_\_\_\_

Secondary Disability:\_\_\_\_\_

Presence of MR/DD:\_\_\_\_\_ Presence of AODA:\_\_\_\_\_

Referral Agency:\_\_\_\_\_

Reason for Referral:\_\_\_\_\_

Mental Health Treatment (Circle all that apply):

- |   |    |     |   |
|---|----|-----|---|
| L | YR | UNK | Regional Treatment Center                   |
| L | YR | UNK | Acute Care Inpatient (Community)            |
| L | YR | UNK | Residential Treatment:                      |
|   |    |     | Rule 36:____; Rule 5 ____                   |
| L | YR | UNK | Day Treatment or Community Support Services |
| L | YR | UNK | Outpatient Mental Health Treatment          |
| L | YR | UNK | Case Management (Rule 74)                   |
| L | YR | UNK | Veterans' Psychiatric Hospital              |

(L = During Consumer's Lifetime; YR = During the Past Year;  
UNK = Unknown)

## Psychiatric Hospitalizations During Past Year

Number of RTC Admissions:\_\_\_\_  
Number of Acute Care Inpatient Admissions:\_\_\_\_  
Number of VA Psychiatric Hospital Admissions:\_\_\_\_

## Part 3 - Employment History

Employment Status at Case Opening (check one):

1. Competitively Employed 30 h/wk or more:\_\_\_\_\_
2. Competitively Employed less than 30 hrs/wk:\_\_\_\_\_
3. Occasional Employment (labor pools):\_\_\_\_\_
4. Supported Competitive Employment:\_\_\_\_\_
5. Sheltered Employment (full-time 30 hrs/wk or more):\_\_\_\_\_

6. Sheltered Employment (part-time): \_\_\_\_\_
7. Structured Pre-Vocational Rehabilitation Work  
Activity: \_\_\_\_\_
8. Volunteer: \_\_\_\_\_
9. Homemaker (responsible for at least a 2 person  
household): \_\_\_\_\_
10. Student: \_\_\_\_\_
11. Retired: \_\_\_\_\_
12. Unemployed (if none of the above): \_\_\_\_\_

Competitive Employment History for Last Two Years

Job Title and Place of Employment	Hourly Wage	Full-or Part-time	Dates of Employment

Total years in competitive labor force (either full or part time): \_\_\_\_\_

**Part 4 - Source of Benefits**

Sources of Benefits (For each source, indicate how much consumer is currently receiving.):

SSDI: \_\_\_\_\_ Medical Assistance: \_\_\_\_\_

SSI: \_\_\_\_\_ AFDC: \_\_\_\_\_

Workers' Compensation: \_\_\_\_\_ VA Disability: \_\_\_\_\_

General Public Assistance: \_\_\_\_\_ Medicare: \_\_\_\_\_

Private Disability Insurance: \_\_\_\_\_

Insurance Settlements: \_\_\_\_\_



Other (specify): \_\_\_\_\_

Does consumer have a Division of Rehabilitation Services  
rehabilitation counselor? \_\_\_\_\_ If "Yes," what is his/her name:

**Part 5 - Program Exit and Reentry**

Left	Dates Returned	Reason Left or Returned	If Left, What Is He/She Doing Now?

final 3/9/92

Minnesota SMI DNP Doc. 1

4

DOCUMENT 2:  
CONSUMER WEEK at a GLANCE

Diffusion Network Project  
Research and Training Center  
University of Wisconsin-Stout

Instructions.

The intentions of this form are: (a) to record the number of hours of services received weekly by the consumer and (b) to record the consumer's goals, services provided, problems encountered in reaching these goals, and changes in goals or program. This form consists two sections. The first is a chart on which to record the days and the number hours of specific services provided to the consumer during the week. The second is a narrative section on which to record program goals, changes, critical incidents, and general comments for the program. This form is completed by the direct service provider on a weekly basis.

**Part 1 - Days and Hours of Weekly Services**

The purpose of this form is to create a weekly record of the services you provide directly to the consumer. Enter the week ending at the top of the form. Use a separate form for each week. Read over the entries in the "Type of Service Provided Directly by You" column. If you provided service in this category, enter the day(s) of the week and the number of hours in 15 minute intervals that you provided that service. Please use the following scale for parts of hours:

15 minutes = .25 hour  
30 minutes = .50 hour  
45 minutes = .75 hour

For example, if you provided on-site skill training for three hours on Tuesday and for two and a half hours on Friday, Write "Tu" and "Fr" in the "Days of Week" column and 5.5 in the "Hours of Service" column.

The following are explanations of the content categories used:

Employment Support. Regardless of the employment model (e.g., individual placement, enclave, or mobile crew), these services are provided directly to the consumer and others on the job site. The following more common services are listed:

On-Site Skills Training. Teaching the consumer how to perform the job. This includes all teaching methods.

Behavior Management. Teaching the consumer how to control his/her work and interpersonal behaviors. This includes the use of all techniques from behavior modification to counseling.

Monitoring Productivity. Recording the quality and quantity of the consumer's work output using any of a variety of methods.

Employer Training/Advise. Teaching employers and co-workers about disability, specific consumers, and how to work with them. Educating employers and co-workers on how to interact with persons with disabilities.

Transportation. Providing, arranging, and/or monitoring the use of public and/or private transportation to and from work.

Other. These two lines are provided for entering any specific service not defined above.

Community Integration. This general category focuses on the independent living and community-integration services provided for consumers. The specific services listed are not directly related to employment. Explanations and examples are as follows:

Transportation. Helping the consumer use public transportation, personally providing transportation, and arranging for transportation are common examples. In community integration transportation centers on non-work activities.

Housing and Residential Help. Helping the consumer arrange for housing, and working with housing staff are two examples.

Health and Medical Needs. Physical medical and dental needs that are not related to mental health needs.

Financial Management. Helping the consumer to make financial arrangements, managing his/her money, acting as a payee, dealing with SSDI/SSI and other disability income, and developing a realistic budget are included under this heading.

Mental Health Care Needs. Arranging, coordinating, and/or providing mental health counseling and medications for the consumer.

Planning with Consumer, Family, and Others. This centers on developing short and long range goals and plans for the consumer and for the persons who are close to him/her.

Recreation and Social Assistance. Helping the consumer to become integrated into the community by assisting him/her to engage in social and recreational activities.

Support Groups. Assisting the consumer in becoming a member of appropriate support or self-help groups (e.g., NA, AA, job club). It also includes organizing and monitoring support groups created by the agency.

Other. Other non-vocational assistance provided to the consumer.

Indirect Services Provided. Regardless of the employment model used, there are services that do not involve direct contact with the consumer, yet they are done on his/her behalf. This category contains relevant services and activities that indirectly relate to the consumer's employment and community integration goals.

Reporting. Preparation of reports and records for the consumer's case file, reports to referral agencies and/or funding sources, and the data collection needed for the Diffusion Network Program are common examples.

Administration. Included here are meetings with supervisors, budgeting, program planning, staff supervision, and program evaluation activities.

Job Development. Contacting employers, creating general public awareness of the program, and developing a specific job for a specific person are three common examples of job development activities.

Placement. This is defined as putting the consumer on a specific job that already exists. Whereas job development involves the creation of a new job, placement centers on obtaining an existing job for a consumer. Contacting employers, matching consumers and jobs, job analysis, and assisting the consumer with applications and interviewing came under this heading.

Coordination of Services. These include working with other agencies and service providers who either provide or can provide services to the consumer. Arranging services with public and private service providers, seeking additional financial assistance for the consumer, and informing other professionals of consumer's present condition are three examples.

Networking. This activity involves getting to know service providers and other persons within the community who can either assist you to provide better services or directly assist the consumer in achieving his/her goals. It assumes

the development of formal and informal contacts with persons throughout the human services and business communities.

Working with Consumers to Develop and Refine the Program. This general category is for entering time spent with consumers in developing either their individual program or the program in general that is related to the Diffusion Network Project. Defining goals, ways to reach goals, and services needed are three examples of working to develop the program.

## **Part 2 - Weekly Narrative**

Consumer's Goals. Begin by recording both the consumer's employment and community integration goals. On weeks when these do not change, indicate this by writing "no change" on the form.

Changes in Goals. If the consumer and/or program staff change his/her employment and integration goals during the week, record these changes and the reason for the change. If no changes were made, just enter "no change."

Success in Meeting Goals. Record how the consumer has progressed to meet his/her goals. Some examples are major changes in behavior, success in learning a new task, finding a job, community adjustment, and meeting housing needs.

Critical Incidents. Include both positive and negative major events in the consumer's life in the past week. These incidents can illustrate how the consumer is or is not meeting his/her goals. If nothing critical has occurred during the week, just write in "nothing happened."

General Comments. This concludes any additional information on the consumer that you wish to record, including explanations for specific behaviors and changes, your concerns in working with the consumer, and indications of possible future changes.

May 6, 1991  
Karl Botterbusch

Document 2:  
Consumer Week at a Glance  
Diffusion Network Project

For Week Ending: \_\_\_\_\_

Consumer Code: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

**Part 1 - Days and Hours of Weekly Services**

Type of Service Provided Directly by You	Days of Week	Hours of Service
1. Employment Support		
On-Site Skills Training		
Behavior Management		
Monitoring Productivity		
Employer Training/Advise		
Transportation		
Other		
Other		
2. Community Integration		
Transportation		
Housing and Residential		
Health & Medical Needs		
Financial Management		
Mental Health Care Needs		
Recreation		
Support Groups		
Other		
Other		
3. Indirect Services Provided		
Reporting		
Administration		
Job Development		
Placement		
Coordination of Services		
Networking		
Other		
4. Working with Consumers to Develop and Refine the Program		
Total Hours of Service for Week		



Consumer's Goals:\_\_\_\_\_Codes

\_\_\_\_\_

Changes in Goals During this Week and Reason for Change:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consumer Success in Meeting Goals:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Critical Incidents:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOCUMENT 3:  
CONSUMER PROGRESS and OUTCOMES

Diffusion Network Project  
Research and Training Center  
University of Wisconsin-Stout

Instructions Diffusion Network Staff

The purpose of this form is to obtain an independent record of each consumer's progress toward employment and community integration. Data collection will be by the Diffusion Network Project staff. Because detailed quantitative data are collected on Document 2: Consumer Week at a Glance and Document 4: Consumer Success and Outcome Report, this document uses a short interview format to determine the consumer's progress and problems.

Document 3 asks questions in four areas: employment, independent living, changes in condition, and critical incidents. This document first determines the consumer's present vocational and community-integration conditions. It next asks about consumer goals in these two areas. By obtaining this information, we hope to be able to obtain a subjective measure of the distance the consumer is from his/her previously determined goals.

At the start of the interview, introduce yourself and explain that you would like to have the consumer answer a few questions about the program he/she is enrolled in.

revised  
Feb. 19, 1992  
Karl Botterbusch

Document 3:  
Consumer Progress and Outcomes

Diffusion Network Project

Consumer Code:\_\_\_\_\_ Agency Code:\_\_\_\_\_

Consumer Name:\_\_\_\_\_

Interviewer's Name:\_\_\_\_\_

Date of Program Entry:\_\_\_\_\_ Date of Interview:\_\_\_\_\_

**Part 1 - Employment**

**Present Job**

Are you now working? If "yes," describe your job.

Codes

_____	
_____	
_____	
_____	

What do you like about your job?

_____	
_____	
_____	

What don't you like about your job?\_\_\_\_\_

_____	
_____	

**Present Employment Goals**

What are your present employment goals?\_\_\_\_\_

_____	
_____	

How does this job fit into to your present employment goals?

_____	
_____	

How did you decide on these employment goals?\_\_\_\_\_

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---

What progress have you made toward these employment goals?

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---

Have there been any major changes in your employment program since we talked to you last? If "yes," what are they?

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**Employment Services**

What services have been the most helpful in helping you reach your employment goals?

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What services have not been helpful in helping you reach your employment goals?

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**Part 2 - Independent Living and Community Integration**

**Present Community Integration**

Please describe where you live.\_\_\_\_\_

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How much help do you have get where you live?\_\_\_\_\_

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Are you able to make your own decisions about friends and  
how you spend your time?

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Is your right to privacy respected?\_\_\_\_\_

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Are you involved in community and/or religious organizations?  
If "yes," what organizations and your degree of involvement?

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**Present Independent Living Goals**

In what of a place would you like to live?\_\_\_\_\_

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How do these goals fit with your present living conditions?

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How did you decide on these independent living goals?

Codes

What progress have you made toward these independent living goals?

Have there been any major changes in your independent living program since you started? If "yes," what are they?

**Independent Living Services**

What services have been the most helpful in reaching your independent living goals?

What services have not been helpful in helping you reach your independent living goals?

**Part 3 - Changes in Consumer's Condition**

Has your physical condition changed in the last six months? If, "yes," how has it changed?



Has your mental health condition changed in the last six months. If "yes," how has it changed?

---



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Have you missed participating in activities as a result of physical or mental health problems? If "yes," ask the following:

Activity Area

Activities Missed

Work

---

Family

---

Employment Services

---

Recreational/Social

---

Living Where You

Wanted to

---

Other

---

Compared with four months ago, how do you handle stress now?

Better    1    2    3    4    5    Worse

#### Part 4 - Critical Incidents

What has been the most important thing that has happened to you in the last six months? Why?

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---

Codes

In the past six months, what are you the most proud of?


In the past six months, what has been the worst thing that has happened to you?


revised  
Feb. 28, 1992

DNP Doc. 3

DOCUMENT 4:  
CONSUMER SUCCESS and OUTCOME REPORT

Diffusion Network Project  
Research and Training Center  
University of Wisconsin-Stout

Instructions for Facility/Agency Staff

The purpose of this form is to obtain outcome information on the consumer's independent living and paid employment status. It should be completed every four months from the date that the consumer entered the program. This information will be used by Diffusion Network Project staff to evaluate each program's effectiveness in providing services. The rehabilitation agency can also use this data in its own program evaluation.

Part 1 - Independent Living.

This section contains questions on independent living and community integration. The first series of questions is intended to be completed by the case manager or other staff person who knows the consumer well; these provide some objective data about the consumer.

The second series of questions is for the consumer and can be administered in two ways: (a) the consumer can complete these items as a questionnaire, or (b) you can read the questions and record the answer. Because many of these questions deal with subjective data, the case manager should not attempt to complete these by him/herself.

Part 2 - Paid Employment History.

This contains a matrix on which to record the jobs held in the past four months. Record only jobs for which the consumer received a wage. Do not record volunteer work, unpaid assessment, unpaid job tryouts, unpaid training, etc. You can complete the employment information either from case records or from interviewing the consumer. The major concern is accuracy.

If the consumer has not worked in the last four months, write "Did not Work" across the form and go on to the next section of Document 4. If the consumer has worked in the past four months, please complete the matrix as follows:

Job Title. Record the job using a common or descriptive title.

Employer. Record the specific employer, such as "ABC Rental

Store" or "Pizza Hut." If the consumer works for you or another rehabilitation agency in a mobile crew, write in the agency and what type of work the mobile crew usually does. If the consumer is employed by a rehabilitation agency in an enclave, write the names of the employer where the enclave is located, and your agency. If the consumer is employed by you or another agency in sheltered employment or work activities, indicate this in the second column.

Type of Support. In this column record the type of employment model used to support the consumer. Common examples would be: individual placement, enclave, and mobile crew. In addition, employment could also be classified as "supported," "transitional," or "competitive" (i.e. no support during working hours).

Dates of Employment. Record the month, day, and year the consumer began work and the month, day, and year he/she left this employer. If the consumer is still employed, record "to present."

Hourly Wage. There are two sections in "Hourly Wage" and "Hours Worked in Four Month Period" for each employer. Write in the beginning wage in the first section. If the consumer has gotten a raise during his/her employment, record the higher wage in the next section.

Hours Worked in Four Month Period. For each employer and for each wage section, record the number of hours the consumer worked. For example, if a consumer worked at ABC Rental 160 hours at \$4.00 per hour and for the same company for 170 hours at \$4.25 per hour, enter the hourly wage in the first section of the "Hourly Wage" column. Enter the second hourly wage in the section below the first one. Next enter the number of hours worked for each wage.

Reason for Leaving. Record why the consumer left this job. This could include a variety of reasons from layoff to behavioral problems. Give the real reason.

Totals. There are three lines on the bottom of the form to record the total earnings, total days either full- or part-time worked, and total hours worked for the four month period.

Final  
March 9, 1992  
Karl Botterbusch

Document 4:  
Consumer Success and Outcome Report  
Diffusion Network Project

Consumer Code:\_\_\_\_\_ Agency Code:\_\_\_\_\_

Consumer Name:\_\_\_\_\_

Date of Program Entry:\_\_\_\_\_ Today's Date:\_\_\_\_\_

Person Recording Data:\_\_\_\_\_

**Part 1 - Independent Living**  
**Questions for Case Manager or Other Direct Service Provider**

Please provide factual information on the consumer's living arrangements:

Where does the consumer presently live?\_\_\_\_\_

\_\_\_\_\_

If the consumer lives in a group home or other residential setting, who operates or manages this housing?

\_\_\_\_\_

What types of support are provided?\_\_\_\_\_

\_\_\_\_\_

What financial arrangements, if any, were made to secure this housing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Codes

## Questions for Consumer

### Housing History

Codes

How many places have you lived during the past four months?

\_\_\_\_\_.

If you have lived at more than one place in the last four months, why have you moved?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Current Living Arrangements

What is your current living situation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who lives with you? (Check all that apply)

- \_\_\_\_\_ Alone (1)  
\_\_\_\_\_ Other persons with disabilities, such as mentally  
retarded, mentally ill, or traumatic brain injured 2  
|  
\_\_\_\_\_ Staff (3)  
\_\_\_\_\_ Family (4)  
\_\_\_\_\_ Friend (5)

Comments: \_\_\_\_\_  
\_\_\_\_\_

How much support do you receive where you live? (check one)

- \_\_\_\_\_ Live-in support (1)  
\_\_\_\_\_ Staff of call (2)  
\_\_\_\_\_ Regular staff visits (3)  
\_\_\_\_\_ No formal supervision (4)

Comments: \_\_\_\_\_  
\_\_\_\_\_



Where you live, how well is your right to privacy respected?  
(circle one number)

Always      1      2      3      4      5      Never

Comments: \_\_\_\_\_

\_\_\_\_\_

How satisfied are you with your present living arrangements?  
(circle one number)

Very Satisfied   1      2      3      4      5      Very Dissatisfied

Comments: \_\_\_\_\_

\_\_\_\_\_

### Community Integration

How often do you do things on your own, like going to a movie, shopping, or walking? (check one)

- \_\_\_\_\_ At least once a day (1)
- \_\_\_\_\_ Almost every day (2)
- \_\_\_\_\_ Once a week (3)
- \_\_\_\_\_ Once every two weeks (4)
- \_\_\_\_\_ Once a month (5)
- \_\_\_\_\_ Hardly ever (6)

Comments: \_\_\_\_\_

\_\_\_\_\_

Do you have a close friendship or other close relationship  
with any of the following persons? (Check all that may apply)

- \_\_\_\_\_ Persons at work (1)
- \_\_\_\_\_ Persons in a hobby, sport, group, etc. (2)
- \_\_\_\_\_ Parents (3)
- \_\_\_\_\_ Brothers/sisters (4)
- \_\_\_\_\_ Children (5)
- \_\_\_\_\_ Spouse (6)
- \_\_\_\_\_ Counselors, case workers, case managers (7)
- \_\_\_\_\_ Other persons in the community (8)

Do any of these friends have the same disability that  
you do?      \_\_\_\_\_yes      \_\_\_\_\_no.

Codes

\_\_\_\_\_

Comments: \_\_\_\_\_

Codes

Do you have the right to refuse services if you believe that  
they are not in your best interest? (check one)

Always    1    2    3    4    5    Never

Comments: \_\_\_\_\_

DOCUMENT 5:  
BASELINE DESCRIPTION of AGENCY and PROGRAM

Diffusion Network Project  
Research and Training Center  
University of Wisconsin-Stout

Instructions for Facility/Agency Staff

The purpose of this form is to obtain a "baseline" of the particular rehabilitation organization. This information should be completed by the rehabilitation organization receiving the funding. This information is collected once at the start of the project. Please note that all information is to be based on the rehabilitation agency's last annual reporting period.

Part 1 - Overall Description of Rehabilitation Agency

This contains a general description of the rehabilitation organization and how it functions.

Part 2 - Description of Consumers

This section contains basic demographic information about the consumers served by the facility or agency during the last year. For each variable, the number of consumers served by agency in house programs (e.g., sheltered employment, work activities, and vocational evaluation) and community-based programs that are physically removed from the agency (e.g., enclaves, individual job sites, and mobile crews) should be counted separately.

Part 3 - Rehabilitation Agency Program and Budget Information

This contains two sections that request financial and FTE information.

Agency Revenue and Expenditures. The first section contains a general listing of all sources of income and expenditures during the last year. Much of this information will be available from annual reports and other already existing documents. The total income should agree with the total expenditures.

Agency Program and Budget Information. This asks for specific information about the various programs that the agency presently operates. The Diffusion Network Project program is not to be included in this listing. Record the program name and the year started. In the small box in the "Program Name and Year Started" column enter an "F" for facility based and a "CB" for community based. Next record the staff FTE for the most recent year. The total number of

clients served by each program during the last year is entered. In column six record the funding sources that contributed to that program during the past year. Some of the more common entries will be: vocational rehabilitation, county board, production income, and state mental health funding. There is no need to record the amount each source contributed. However, the final column asks for the total annual budget for that program.

#### Part 4 - Information on Diffusion Network Project Program.

Target Population. Note that this is a description of the anticipated target population. Data on the potential sources of consumers can be taken from the initial application.

Staffing and Organization. Enter the name of each staff person, their FTE with the Diffusion Network Project program and the job title assigned by the rehabilitation agency. Next include a brief description of where this new program will fit in the organization chart.

First Year Program Expenditures. After an initial budget is developed by the program, classify expenditures according to the categories given in this section.

Networks. This contains two charts for recording information about networking with human service agencies and business organizations. While there are separate charts for networking with human services agencies and employers, these charts use an identical format. Enter the name of the organization, the type of agreement, the length of the relationship in months, the agency's estimate of the strength of that relationship, and the function of that relationship.

For human service organizations, use the following codes and definitions:

Type of Agreement - For each type of agreement that you have with the organization, please provide a rating of how satisfied you are with that agreement. Use the following scale:

Highly Satisfied 1 2 3 4 5 Highly Dissatisfied

Definitions of Types of Agreements:

Formal - Written agreement between agencies.

Informal - Unwritten agreement between agencies.

Personal - An informal agreement that rests mostly on

professional exchanges or friendship between two or more persons from different agencies.

#### Rating of Relationship

Length - Write in the number of months that the relationship has existed.

Stability - Rate the stability on the following scale:

Highly Stable 1 2 3 4 5 Highly Unstable

Function/Purpose of the Relationship. Place one or more codes in the box(es) that best describe the function or purpose of this relationship with the organization:

#### Relationship Codes.

- 1 = Refer consumers to your agency.
- 2 = Funding for consumers or programs.
- 3 = Provide employment for consumers from your agency.
- 4 = Provide direct services to consumers in your agency.
- 5 = Provide training to consumers in your agency.
- 6 = Provide housing/independent living services to consumers in your agency.
- 7 = Common concern for local and state problems.
- 8 = Other

For business organizations, please use the following codes and definitions:

Type of Agreement - For each type of agreement that you have with the business, please provide a rating of how satisfied you are with that agreement. Use the following scale:

Highly Satisfied 1 2 3 4 5 Highly Dissatisfied

#### Definitions of Types of Agreements:

Formal - Written agreement between organizations.  
Informal - Unwritten agreement between organizations.  
Personal - An informal agreement that rests mostly on information exchanges, common interests, or friendship between two persons from different agencies.

---

#### Rating of Relationship

Length - Write in the number of months that the relationship exists.

Stability - Rate the stability on the following scale:  
Highly Stable 1 2 3 4 5 Highly Unstable

Functional/Purpose of the Relationship. Place one or more codes in the box(es) that best describe the function or purpose of this relationship with the organization:

Relationship Codes.

- 1 = Provide evaluation and/or training site to consumer(s).
- 2 = Provide individual supported site to consumer(s).
- 3 = Provide enclave site to your agency.
- 4 = Hire mobile crew from your agency.
- 5 = Subcontract with your in-house workshop.
- 6 = Provide employment to consumer(s) (not supported employment).
- 7 = Sit on board of directors and/or advisory board.
- 8 = Common concern for community issues and problems.
- 9 = Other.

Part 5 - Program

Attach a description of the initial development of both the employment and community integration parts of the new program and the technical assistance needed.

Final  
March 10, 1992  
Karl Botterbusch



DOCUMENT 6:  
TECHNICAL ASSISTANCE PLAN and REPORT

Diffusion Network Project  
Research and Training Center  
University of Wisconsin-Stout

Instructions Diffusion Network Staff

The information contained in this form is designed to provide an ongoing record of the agency's progress and changes. The initial report would be completed after the first technical assistance visit by DNP and agency staff.

After that time it would be completed every four months and would record the agency's program and its changes. Because this report is narrative, no specific data collection form has been developed. Rather, the agency and DNP staff can use the outline given below to develop this report. In completing this document, already developed program and other materials can be used to the extent possible.

Outline for Report

1. Program Design. Describe the initial program design in greater detail than was included in the application. Describe the design as it was developed between the first technical assistance visit and the time the program actually started. After the initial design is recorded, indicate any changes that occurred during the four month review cycle. These include changes in sequence and extent of services, changes made in response to new consumer needs, changes resulting from funding changes, and new ideas that have been incorporated into the program.
2. Implementation. This includes how the rehabilitation agency moved from planning to providing services. The initial report includes selecting the first consumers and their beginning in the program. After the initial report, this section would include progress and problems in making the program work as intended. In short, this heading describes the transition from the program design to actual provision of services (i.e., stabilization).
3. Stabilization. This section includes how the program reached stability after initial implementation. After the first report, it would report the daily operation of the program for the 4 month reporting period.
4. Resource Development. Included here are two separate topics:

- a. Community Employment. Plans and progress in accessing existing jobs and developing new jobs should be included here. This would cover individual placements, enclave, mobile crew, etc.
  - b. Independent Living and Integration. Plans and progress in developing new community integration and living programs should be included here. Physical and program changes in housing, increasing living and community options, increased personal freedom, and interaction between consumers and the community could be some of the topics covered.
5. Agency Staff Personnel Development and Training. The initial report would describe staff hiring, initial training, job duties, and management. It would also include an assessment of what training staff needed to improve their competencies. Subsequent reports would include changes in job duties and/or the development of new job duties, staff turnover, continued training needs, staff changes in attitudes and outlook, and innovative activities by staff.
6. Recommendations Made to Program by Technical Assistance Process. Suggestions and recommendations made to the agency on the operation of the program during the four month reporting period should be entered. The response of the agency to these suggestions should also be noted. When writing this section of the report, separate the recommendations into the following three headings:
- a. Program. Suggestions made about the entire program. These would include staffing, organizational changes, networking, staff training, and fiscal changes.
  - b. Employment. Changes and suggestions that effect only the employment aspects of the program (e.g., job development, placement, dealing with employers, and functional assessment.)
  - c. Independent Living. Suggested and actual changes in housing, medical care, recreation, transportation, self-help groups, and integration are a few examples.

revised  
Feb. 20, 1992  
Karl Botterbusch

Document 5:  
Baseline Description of Agency and Program  
Diffusion Network Project

Agency Code: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Part 1 - Overall Description of Rehabilitation Agency**

Type of Agency:

- \_\_\_\_\_ Private non-profit
- \_\_\_\_\_ County CSS/CSP
- \_\_\_\_\_ State operated
- \_\_\_\_\_ Private for profit
- \_\_\_\_\_ Consumer operated
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

	Codes
Agency governing body: _____	
_____	
Description of agency management structure: _____	
_____	
_____	
Consumer and advocate involvement in agency policy making:	
_____	
_____	
_____	
_____	
_____	

Consumers and advocates in agency management:

Codes

Part 2 - Description of Consumers

Age:

	<u>Number</u>	
<u>Age Range</u>	<u>In-House Agency</u>	<u>Outside Agency</u>
	<u>Programs</u>	<u>Programs</u>
13-17	_____	_____
18-30	_____	_____
31-45	_____	_____
46-64	_____	_____
65 or over	_____	_____
Total	_____	_____

Racial/Ethnic:

	<u>Number</u>	
<u>Group</u>	<u>In-House Agency</u>	<u>Outside Agency</u>
	<u>Programs</u>	<u>Programs</u>
White	_____	_____
Black	_____	_____
Hispanic	_____	_____
Native American	_____	_____
Oriental	_____	_____
Other	_____	_____
Total	_____	_____

Types of Primary Disability:

	<u>Number</u>	
<u>Group</u>	<u>In-House Agency</u>	<u>Outside Agency</u>
	<u>Programs</u>	<u>Programs</u>
Mentally Retarded	_____	_____
Serious Mental Illness	_____	_____
Sensory	_____	_____
Physical/Orthopedic	_____	_____
Circulatory	_____	_____
Traumatic Brain Injured	_____	_____
Spinal Cord Injured	_____	_____
Chemical Addiction	_____	_____
Disadvantaged	_____	_____
Total	_____	_____

### Part 3 - Rehabilitation Agency Program and Budget Information

Please record the agency's sources of revenue and expenditures for all programs and activities for the last year.

<u>Source of Revenue</u>	<u>Amount</u>
Consumer Service Fees	
Vocational Rehabilitation	_____
Developmental Disabilities	_____
Mental Health	_____
Educational Institutions	_____
Other_____	_____
Other_____	_____
Non-Fee Revenues	
Production, Sales, & Contracts	_____
Other_____	_____
Other_____	_____
Total Resources	_____

Please record the agency's operating expenditures and other obligations for last year.

Operating Expenditures	
Consumer Wages & Benefits	_____
Staff Wages & Benefits	_____
Physical Plant	_____
Other_____	_____
Other_____	_____
Specific Capital Outlays	
Physical Plant Improvement, Expansion, & New Building	_____
Acquire or Upgrade Resources and Equipment	_____
Development or Expansion of Community Based Programs	_____
Other_____	_____
Other_____	_____
Total Expenditures	_____

### Community-Based Employment Programs and Budget Information

Community-Based Program Name and Year Started	Staff FTE			Number of Consumers Served Last Year	Sources of Program Income in Last Year (Enter the code(s) for funding sources in the boxes.)	Total Program Annual Budget
	Direct Service	Manage- ment	Clerical			
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Codes for Sources of Program Income:

- 1 = State Vocational Rehabilitation
- 2 = State Mental Health Funding
- 3 = County Mental Health Funding

- 4 = Other County Funding
- 5 = Direct federal funding  
(any source)
- 6 = Foundation/Charity

- 7 = Agency Generated Income
- 8 = Other State Funding
- 9 = Other

DNP Doc. 5

#### Part 4 - Information on Diffusion Network Project Program

Target population:

Primary disability: \_\_\_\_\_

Most common secondary disabilities: \_\_\_\_\_

Number of consumers to be served during first year: \_\_\_\_\_

Potential sources of consumers:

<u>Source</u>	<u>Number of Consumers</u>
Vocational Rehabilitation	_____
County Programs	_____
Community Support Programs	_____
Institutions	_____
Rehabilitation Agency Programs (consumers already being served in another agency program)	_____
Total:	_____

Staffing and Organization:

Name, FTE, and job title of staff assigned to program:

<u>Name of Staff Person</u>	<u>FTE</u>	<u>Job Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Where and how will this program fit into the agency's present organization chart? Will it be an expansion of an existing program or a totally new program?

---

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First Year Program Expenditures

<u>Category</u>	<u>Amount</u>	<u>Source</u>
Personnel	_____	_____
Personnel Fringe	_____	_____
Transportation (Staff & Consumer)	_____	_____
Purchase of Services	_____	_____
Overhead	_____	_____
Other:_____	_____	_____
Other:_____	_____	_____
Other:_____	_____	_____
Other:_____	_____	_____
Total:	_____	

## Networks

## Networks with Human Service Organizations

[illegible]

Functional Relationship Codes:

- 1 = Refer consumers to your agency
- 2 = Funding for consumers and programs
- 3 = Provide employment of consumers in your agency
- 4 = Provide direct services to consumers in your agency
- 5 = Provide training to consumers in your agency

- 6 = Provide housing/IL services to  
consumers in your agency  
7 = Common concern for local and  
state problems  
8 = Other

### Networks with Business Organizations

Name of Business	Type of Agreement			Rating of Relationship		Function/Purpose of Relationship (Use codes below)
	Formal	In-formal	Per-sonal	Length	Stab-ility	

**Functional Relationship Codes:**

- 1 = Provide evaluation/training site for consumers
- 2 = Provide individual supported employment site to consumer(s)
- 3 = Provide enclave site to your agency

- 4 = Hire mobile crew from your agency
- 5 = Subcontract for agency workshop
- 6 = Provide consumer employment (not SE)
- 7 = Sit of board of directors/advisors
- 8 = Common concern of community issues
- 9 = Other

Revised, March 17, 1992

END PAGE 5

DOCUMENT 7:  
Diary and PROGRAM NOTES

Diffusion Network Project  
Research and Training Center  
University of Wisconsin-Stout

Instructions for Diffusion Network Staff

Document 7 is a narrative containing two major sections: (a) notes or a diary and (b) DNP staff subjective comments on the agency. It is completed by Diffusion Network Project staff. These two major functions are explained as follows:

1. Diary. This is intended to be an objective record of all contacts between the agency and the Diffusion Network Project. A log will be kept to record each contact with the agency. Notes will be taken on each phone conversation with the agency. During visits and other personal contacts with agency staff, notes will be taken of the persons spoken with and the content discussed. Copies of all correspondence will be kept and filed.
2. DNP Staff Notes. This would contain more subjective comments and notes on the following topics:
  - a. Problems and interventions. DNP project staffs' view and interpretation of agency and problems in operating the program should be recorded. This would also include why and how we intervened to deal with these problems.
  - b. Successes/milestones. Major successes and accomplishments of the program should be recorded and the significance of these events within the context of the agency's program would be explained.
  - c. Observations and anecdotes. Staff observations and examples of program successes and failures would be recorded here.

revised  
Feb. 20, 1992  
Karl Botterbusch

# Diffusion Network Project

## Volume II. Program Descriptions

Karl F. Botterbusch, Ph.D., Principal Investigator



Research and Training Center  
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Sandie Brown, Minnesota Mental Health Division  
Ole Brekke, Wisconsin Division of Vocational Rehabilitation Services  
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# Diffusion Network Project

## Volume II. Program Descriptions

Final Report to the

REHABILITATION SERVICES ADMINISTRATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
U.S. DEPARTMENT OF EDUCATION

Project Period: Oct. 1, 1990 to Sept. 30, 1993

Karl Botterbusch, Ph.D., Principal Investigator

Research and Training Center  
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Innovative Strategies to Promote  
Vocational and Independent Living Outcomes  
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Rehabilitation Research and Training Center  
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## Executive Summary

The Diffusion Network Project assisted community-based rehabilitation programs to provide employment and independent living services to consumers with either psychiatric disabilities or traumatic brain injuries. Between October, 1991, and September, 1993, the Project established 11 model programs in Wisconsin and Minnesota. The Project's basic purpose was to help local service providers develop programs that were effective in providing employment and independent living services to consumers.

"Model" programs are most typically developed under ideal conditions in universities or large urban agencies, rather than by the consumers and staff who have to use the program to participate in or to provide daily services. While these "model" programs may be at least partially effective in large urban areas, they appear to have minimal use in small cities, towns, and rural areas, especially when dealing with underserved persons with disabilities. The Diffusion Network Project reversed this common process by having staff and consumers in rehabilitation organizations develop programs to serve local needs. By encouraging rehabilitation organizations to develop employment and independent living programs relevant to *their* needs, the Diffusion Network Project worked with consumers and local service providers to develop and refine services that were suited for local needs.

### Project Objectives

The five objectives of this 3-year project were as follows:

1. Increase the number of individuals with psychiatric disabilities and traumatic brain injury, participating in community-based programs.
2. Increase the number, scope, and capacity of community-based programs to effectively use appropriate community-based approaches.
3. Increase the technical assistance resources available to rehabilitation providers to implement and maintain appropriate community-based practices.
4. Obtain valid and reliable documentation of processes, vocational and independent living benefits, resource requirements, and costs of innovative community-based integration practices devised by consumers and community-based programs.
5. Disseminate results of the diffusion process's demonstration and evidence of the effectiveness of the community-integration practices devised by participating facilities and consumers.

## Site Selection and Service Provision Methodology

During the first year of the grant, two state-level advisory committees were organized. Committees in both Wisconsin and Minnesota included consumers, advocates, service provider organization representations, and state level vocational rehabilitation and mental health staff. Wisconsin sites were selected using a request for proposals process. In Minnesota 17 sites were preselected by the Minnesota advisory committee; these were invited to apply. In April, 1991 four sites were selected, two in Minnesota and two in Wisconsin. In December 1991, the Minnesota Division of Rehabilitation Services and Department of Human Services jointly funded four local programs for persons with psychiatric disabilities. Diffusion Network Project staff were invited to provide technical assistance and to evaluate each site's impact. In January, 1992, three Wisconsin sites were selected using the request for proposal process developed the year before. The 11 local programs developed were:

### Psychiatric Disability

Vocational Options Model, Human Development Center, Duluth, Minnesota (Selected 1991)

Living Independently Through Employment Support (LITES), Transitional Living Services, Inc., Milwaukee, Wisconsin (Selected 1991)

Scott-Carver Employability Project, Scott County Department of Human Services, Shakopee, Minnesota (Selected 1991)

Supported Employment Program, K.C.Q., Inc., Faribault, Minnesota. Rice County Supported Employment Program (Selected 1991)

Project SAFE, Human Resource Associates, Inc., South St. Paul, Minnesota. Dakota County Coordinated Employability Services (Selected 1991)

Wright and Sherburne Counties Coordinated Employment Services, Functional Industries, Buffalo, Minnesota (Selected 1991)

CMI Employment/Community Integration Services, Black River Industries, Medford, Wisconsin (Selected 1992)

### Traumatic Brain Injury

Transitional Employment Options, Productive Alternatives, Fergus Falls, Minnesota (Selected 1991)

Supported Employment for Persons With Traumatic Brain Injury, Rehabilitation Center of Sheboygan, Sheboygan, Wisconsin (Selected 1991)

Community Connections Program, Milwaukee Center for Independence, Milwaukee, Wisconsin (Selected 1992)

Community-Based Employment Program for Persons With Traumatic Brain Injury, St. Elizabeth's Hospital and Valley Packaging Industries, Appleton, Wisconsin (Selected 1992)

After selection, all local programs received technical assistance to discuss needs and to plan for future assistance. Technical assistance needs included (a) training in specific areas, such as job analysis, job development, and independent living; (b) specific information on mental illness, head injury, and medications; (c) assistance in redesigning or changing the program; and (d) guidance in developing closer cooperation with funding agencies. Technical assistance was provided through on-site consulting, short-term training, meeting with funding sources and other service providers, providing print materials, and arranging for outside consultants when the problem was beyond the scope of the Diffusion Network Project staff.

### **Program Description and Outcome Methodology**

Early in the study, Diffusion Network Project designed measures to meet each of the five grant objectives listed above. Seven documents were used obtain data on both individual consumers and the local programs. Consumer data were captured on the following instruments: a referral and demographic form completed at case opening, a weekly record of hours of services, and two follow-up forms. A one-time baseline description of the organization sponsoring the local program, a technical assistance plan completed after each visit, and a program diary completed after each significant contact were used by Diffusion Network Project staff to obtain data on the programs. From these data an individual report on each local program and a report on the entire project were prepared.

### **Results From Consumer Data**

During the data collection period, the 11 local programs had contacts with 304 persons, 216 (187 persons with psychiatric disabilities and 29 persons with traumatic brain injuries) of which received significant services. The following is a summary of the results obtained from data analysis of the four consumer documents:

#### **Employment**

1. Overall the program was successful in placing and supporting consumers on jobs. Unemployment was reduced from 72.3 percent to 35.0 percent.
2. Consumers worked in unskilled entry-level jobs, part-time and for low wages. While more consumers were employed as a result of the program, there was no change in the quality of employment obtained after receiving services. No relationship between length of time in the program and improved occupational status, hours, or wages was found among these data.
3. There were no differences between the two disability groups on any of the key employment variables.

4. Job support relied heavily on job coaching and other direct contact on employment sites; natural supports were not identified by consumers.

### **Independent Living**

1. Most persons moved into independent housing during their first six months in the program. After that time, the percent of consumers living independently remained fairly constant.
2. There were no significant differences between time in the program and increased independent living.
3. There was no correlation between independent living and community integration, as operationally defined in this study. These are two separate concepts.

### **Community Integration**

1. The basic rights of privacy, freedom to select friends, and refusal of services were respected by all program sites.
2. There were no significant differences between community integration scores on four 6-month follow-up surveys. Consumers generally did not become more integrated in the community as time progressed.

## **Results from Program Data**

Based on close contact with the 11 local programs and an analysis of the three program documents, the following were determined:

### **Shared Program Characteristics**

1. **Respect for Consumers.** In both written and oral communications, the staff and management of each local program indicated considerable respect for the consumers as individuals who should and could make their own choices. Consumers had choices in developing vocational plans and goals and in selecting immediate services.
2. **Emphasis on Employment.** The Diffusion Network Project had two major goals: employment and community integration. All programs devoted much more time to employment services than they did to community integration.
3. **Individual Placement Models.** With the exception of one local program, all organizations actively pursued individual competitive employment as the major outcome for consumers.
4. **Similar Sequence of Services.** All local programs using individual placement has a

similar sequence of consumer services: eligibility determination, vocational evaluation/assessment, prevocational services, placement or job development, support, and follow-up.

5. **Networking.** All programs used networking to develop employment opportunities in the community.
6. **Implementation and Stabilization Phases.** Each program went through an implementation in which the program was closely monitored and changes made as needed. After the programs stabilized, only minor changes were made.

### **Best Organizational Practices.**

The Diffusion Network Project established the philosophy and direction under which a program would operate. The single most important indicator of success was the commitment of administration to the belief that persons with severe disabilities can become successfully employed. Three specific organizational characteristics applied to successful programs:

1. The rehabilitation organization was respected within the community as a place where quality services were offered. If the sponsoring organization was a facility, it had the image as an employer, a well-run business, and a changer of lives. It was not perceived as a charity.
2. The organization's administration had strong commitment to the program, staff, and consumers. This was demonstrated by interest in and careful monitoring of the program by administrators.
3. Management supported direct service staff by providing adequate wages, chances for training, inclusion in program decision making, acknowledgment of the difficulty of the job, and job rotation.

### **Program Practices**

The following specific program practices had positive direct effects on increasing the employment and independent living outcomes of consumers.

1. The most common reason for not providing services or for ending services before success was the loss or lack of long-term financial support. Program managers, vocational rehabilitation counselors, and county human services organizations must agree on long-term support and then stick to these agreements. The importance of this cannot be over stressed.
2. Although successful programs applied a wide variety of assessment, evaluation, and occupational exploration methods and philosophies, the common theme was that of realism of the evaluation procedures.
3. While most programs were established with a definite idea of consumer movement



through a sequence of services, in practice most programs were nonlinear. All programs started with an eligibility determination. Services beyond this stage depended upon the consumer's individual needs.

4. The needs of the consumer were carefully considered during job placement and job development.
5. While the four best practices above could be included in any program and could be measured objectively, the critical element of dedicated staff was more difficult to design into a new program. Staff and consumers knew each other well and from this knowledge developed mutual trust in each other's integrity and honesty. Staff with these attitudes need to be hired, and the organization's management must provide reinforcement and reassurance of these consumer-centered behaviors and values.

### **Common Problems**

Many local programs shared a common set of problems. The problems described below were on-going throughout the 3-year project period.

1. Because persons with serious psychiatric disabilities and traumatic brain injuries often need life-long services, participation in an employment program requires secure long-term support funding. At many of the local programs, secure long-term funding was unavailable and thus prevented some consumers from program participation.
2. Staff turnover, especially direct service staff, was a major problem faced by many programs. Over half the programs had considerable staff turnover at the direct service level; three local programs had a more than 100 percent turnover during a 12-month period.
3. Consumers were treated with sensitivity and respect and were involved in their own rehabilitation programs. However, at the local program level consumers had no significant involvement in planning or providing services. None of the organizations reported significant consumer involvement in developing the original program or in refining the program after it was funded.

# Vocational Options Model

Human Development Center  
Duluth, MN

## Description of Community and Agency<sup>1</sup>

Duluth is a city of about 100,000 persons located on the southwestern shore of Lake Superior. The city has a considerable history as a Great Lakes port for the shipping of iron ore and grain and as a railroad center. About 25 years ago, the city began to lose its importance as a port. In addition, the city lost food processing plants and a large U.S. Air Force base. During the past ten years some of these losses have been recouped from tourism and a growth in service industries. However, the unemployment rate is considerably higher than the state average for Minnesota. Because of this long-term economic downturn, new residential construction has been minimal. As a result, housing, and especially affordable housing, has been difficult to obtain. This has had a considerable negative effect on consumers seeking independent housing.

The Human Development Center is a private non-profit agency that provides a variety of mental health services to children and adults in St. Louis, Lake, and Carlton Counties, Minnesota. In addition to its main site in Duluth, offices are maintained in Lake and Carlton Counties. The Human Development Center operates several programs that are connected to the Vocational Options Model Program:

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<sup>1</sup>All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center

1. Homeless shelter.
2. Outreach program.
3. Independence Station. In this day treatment program consumers learn independent living and self-monitoring techniques. It also has meetings for persons with psychiatric disabilities who have other significant problems, such as chemical dependency and a history of abuse. This program for persons with mental illness and chemical dependency is operated jointly by the Human Development Center and the Center for Alcohol and Drug Treatment. This is a transitional program between the Community Support Program and more independent community living. Most of the consumers in the Vocational Options Model Program enter that program from Independence Station.
4. Harmony Club. This self-help club operates as a drop-in center providing social and recreation activities for groups and individuals.
5. Community Support Program. This State of Minnesota funded program provides basic independent living and community integration services for individuals with psychiatric disabilities. It works closely with the Vocational Options Model Program by providing these two services.

### Description of Consumers and Staff

Between June, 1991, and September, 1993, the Vocational Options Model Program had contact with 72 consumers, 42 of whom remained active in the program for varying amounts of time (Table 1.1).<sup>2</sup> All consumers had a major psychiatric disability, most having schizophrenia or an affective disorder. Common secondary disabilities were chemical dependency, mental retardation, and other psychiatric disabilities. Almost 75 percent of the consumers were male; 93 percent were single; and 14 percent were American Indian. The average consumer was 32 years old when they entered the program. Almost all consumers had a significant history of unemployment, unfinished education, and psychiatric relapses.

Prior to entering the program, 83 percent had not received any vocational services, and 93 percent had not been employed during the two years prior to their program entry (Tables 1.2 and 1.3). Although many consumers were originally from the Duluth area, others were from either the Twin Cities metro area or the rural areas north and west of Duluth. Many of the 42 consumers chose to stay in the Vocational Options Model throughout the Diffusion Network Project time period.

Direct services are provided by two full-time staff. Each staff person is responsible for between 12 and 18 consumers at one time. These two staff bid jobs for the work crews, directly

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<sup>2</sup> Tables 1.1 and 1.7 indicate missing data for 24 consumers; discussions with staff indicate that most, if not all, of these 24 consumers were living independently upon program entry.

supervise most work crews, offer transportation for crews, offer other direct services, and complete all records and case notes. Staff know and respect each consumer as an individual; staff-consumer communication is very open, informal, and frequent.

### **Vocational Options Model Program**

The program described below was the result of earlier efforts by the Human Development Center to establish vocational programs, cooperation with other vocational rehabilitation programs in Duluth, and assistance from the Diffusion Network Project shortly after funding the Human Development Center.

#### **Vocational Options Model Program: A Mobile Crew Approach**

This program was funded by the Diffusion Network Project for \$10,000 during the first year of operation. After preliminary start on June 1, 1991, the Vocational Options Model Program was redesigned and started on October 1, 1991 (see Table 1.4). While the initial program emphasized both mobile crew and individual supported employment, by April, 1992, the individual placement goals and efforts were largely abandoned and a greater emphasis was placed on mobile crews. The program described below is the final version of the program that operated from April, 1992, to October, 1993. Although other Diffusion Network Project sites included group employment models, the Human Development Center is the only site to use group placement approaches almost exclusively.

#### **Purpose and Goals**

The purpose of The Vocational Options Model Program is to increase vocational opportunities for persons with psychiatric disabilities by offering the following:

1. Increased ability to work that may lead to other community-based employment
2. Increased self-esteem and life satisfaction
3. Community integration
4. Reduction of relapse and psychiatric hospitalization

#### **Program Description**

Many of the consumers entering the Vocational Options Model Program are consumers of Independence Station, a day treatment program that is another component of the Human Development Center. Other consumers self-refer to this and other Human Development programs or are from the Division of Rehabilitation Services (Table 1.2). Consumers in day treatment access services either while attending Independence Station or wait until they have graduated. At selected times Vocational Options Model Program staff visit the Independence Station program to explain their employment program and to encourage consumer participation.

Consumer income for basic living expenses while in the Vocational Options Model Program is not a serious problem; many consumers receive Supplemental Security Income (SSI); others have been in the Minnesota mental health system for years and are funded by the Division of Mental Health. This continued consumer funding helps stabilize the number of consumers in the program.

The program's major concept is an open-entry/open-exit approach. Consumers enter the program and are shortly placed on one of the mobile crews. Consumers typically work on the crews between 6 to 10 hours per week. Although this is short of full-time employment, consumers are still able to work part-time and to keep their public assistance benefits, such as SSI. If consumers choose not to work during a specific week, there are no adverse consequences. The work crews provide flexibility in scheduling by offering consumers times of day, length of job, and replacements when needed. By having consumers provide backup coverage for each other, there are no penalties for hospitalizations or relapses. If consumers are hospitalized in Duluth or at the Moose Lake Regional Treatment Center, they can return to their slot on the work crews upon their release.

The mobile crews are run on the philosophy that everyone is capable of employment and can work. The program builds on the strengths presented by the consumer at the start of his/her participation in the Vocational Options Model. While it may be a goal to have such work habits as "showing up on time" or "good hygiene," these are not prerequisites for participation in the Vocational Options Model. They are, instead, issues to be addressed in the work setting (i.e., the Work Crews).

Staff evaluate work skills and adjust work schedules as needed. In the mobile crews, staff work alongside consumers to provide role modeling, training, and supervision. Staff assess performance to identify strengths and to determine training needs and potential future job placement. Consumers test their work tolerance and develop realistic job expectations through actual work experience. Medication monitoring during participation allows staff the opportunity to observe effects of medication on work and then to consult with psychiatrists to adjust medications as needed.

**Work Crews.** The entire employment effort of the Human Development Center focuses on two mobile work crews:

1. **Cleaning Crew.** This crew of between four and eight consumers cleans the residential portions of the YWCA every weekday; cleaning takes about three hours. Supervision is provided by a consumer crew leader and/or staff persons. Common tasks include sweeping and mopping floors; washing windows; dusting; and cleaning cooking areas, bedrooms, and lounges.
2. **Moving Crew.** The major function of this crew is to move persons receiving public support into and out of housing. The Community Support Program of the Human Development Center has a unique program in which furniture, furnishings, appliances, and bedding were donated by private individuals, retail stores, and motels. When a person moves to independent living, he/she has access to a certain amount of items in the furniture warehouse. Consumers package, transport, and

house items for other consumers and persons on public assistance. In addition to being paid, the moving crew is also eligible to receive these housing assistance services.

The moving crew also performs other contract work such as landscaping along highways, lawn maintenance, and cleaning motels and hotels.

All consumers on the work crews are Human Development Center employees and are paid minimum wage or above per hour. The Human Development Center provides no fringe benefits. All billing for services, bidding new jobs, and scheduling are done by Vocational Options Model staff. While consumers perform the actual labor, they have little responsibility for organization or operation of the two mobile crews. Work crew members report the following non-monetary benefits:

1. Improved living standards
2. Alternatives for independent living
3. Donated furniture for their residence
4. An opportunity to help someone else
5. An opportunity to develop confidence in their work abilities
6. Increase physical strength and endurance
7. A chance to apply decision-making and use their own judgement
8. Reduced hospitalizations
9. A recent work history and current reference

**Independent Living.** The Community Support Program also includes housing support and outreach services in which consumers locate, obtain, and maintain housing. Skills teaching is available in the home in areas such as budgeting, grocery shopping, and cooking through the Community Support Program. In addition, consumers contract with the work crew to move their furniture and belongings to a new apartment. The Community Support Program also solicits donations of furniture and household goods, which the moving crew is hired to pick up. The combination of these employment and housing assistance services results in more people remaining in one living location and being successful in living independently.

### **Links With Other Programs**

The program works with the following groups and agencies in the provision of vocational services:



1. The Vocational Task Force, a multi-agency group that includes consumers and providers.
2. New Horizons, a consumer empowerment group.
3. Northern Area Placement Team, a group of job developers and placement specialists from area agencies who work with persons with disabilities.
4. Goodwill Industries Vocational Enterprises (GIVE).
5. Minnesota Division of Rehabilitative Services.
6. The Community Support Program Advisory Board which includes consumers, family members, and representatives of various service agencies.

### Services Provided

During the course of the project, staff provided each consumer an average of 8.01 hours of service per week (Range = .25 to 29.00; Standard Deviation = 5.95). Direct employment services accounted for most of all services (Table 1.5; Figure 1.1<sup>3</sup>). While almost all consumers received direct employment services, very few received pre-employment services. Only seven consumers participated in community-integration programming and were involved in these services for less than one hour per week<sup>4</sup>. Finally, indirect services took an average of only 0.67 hours per week. Thus, consumers participating in the Vocational Options Model Program had considerable direct contact with staff on the mobile crews.

### Outcomes

Outcomes for the Vocational Options Model were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network staff approximately every 6 months (Document 3). Consumers gave interviews to Vocational Options Model staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information obtained from Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.

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<sup>3</sup>See Appendix A for description of service categories.

<sup>4</sup>Consumers receive most community integration and independent living services from the Human Development Center's Community Support Program



2. Information was presented in either 4- or 6-month time periods. This information offers a way of estimating how consumers changed over two separate time periods: at 4-month intervals after entering program entry date (Document 4) and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for privacy, selection of friends, and involvement in organizations.<sup>5</sup>

### Employment Outcomes

Only 3 of the 42 consumers in the Vocational Options Model Program reported being employed in the 2 years prior to their program entry (Table 1.3). These persons were employed either in food service or janitorial positions for close to minimum wage.

During the project, most consumers worked on mobile crews. For these consumers, this was a more-or-less permanent position. Few persons left the work crew and moved on to individual or job sharing placements. If a consumer was earning money for his/her efforts, then he/she was considered as working. Working included full- or part-time hours, competitive and non-competitive employment, and subminimal and higher wage. During their first 6 months in the program, all consumers interviewed by Diffusion Network Project staff were working. This declined to 60 percent during their second 6-month period. Between 13 and 24 months in the program, the percent of consumers employed showed a gradual increase to 77 percent (Table 1.6).

Because most of the consumers worked for the Human Development Center on mobile crews and because few decided to leave, employment characteristics were consistent over the consumer's time in the program. During the six time periods listed on Table 1.6, between 8 and 10 persons were employed on mobile crews. Each consumer worked an average of 140 hours and earned an average of \$801.23 during each 4-month period. Thus, the average consumer worked about 8.75 hours per week and earned approximately \$50.07 weekly. There were no significant differences between the hours worked or money earned during the six 4-month reporting periods.

### Independent Living Outcomes

These outcomes center on the consumer's housing situation, future housing goals in

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<sup>5</sup>These two composite scores were independent of each other. A Pearson r correlation for all consumers in the Diffusion Network Project was only .06.

relationship to the present living situation, and making decisions about housing. Table 1.7 compares the consumer housing status upon program entry and for 6-month follow-up interviews. Based on the data and discussions with consumers and staff during the follow-up interviews, it appears that consumers moved to places of greater independence during the 1- to 6-month follow-up periods. After that time, the percent of consumers living independently stabilized between 50 percent and 69 percent.

Another indication of stability in independent living came from the composite independent living variable. During the six time periods, there were no significant differences on the composite independent living scale.

### **Community Integration**

The community integration composite variable was derived from consumer responses to Document 3 items asking about participation in community organizations, friends in the community, respect for privacy, and assistance with housing. Throughout the length of the program, consumers participated in a variety of organizations, the most common being church attendance and church related organizations, mental health self-help groups, and chemical dependence self-help groups. In addition, most consumers made their own decisions about friends and had their right to privacy respected. The community integration scores did not change significantly over the six reporting periods.

### **Summary**

The Vocational Options Model Program specialized in providing group employment services to persons with psychiatric disabilities. This program was coordinated by two very dedicated staff who strove to provide services to numerous consumers at the same time; in short, consumer to staff ratios were very high. Partially as a result of these high consumer/staff ratios, Duluth's high unemployment rate, and staff emphasis on group employment models, individual placements were rare. Most consumers continued to work on the mobile crews. Many of the consumers remained in the program for the entire period of the Diffusion Network Project data collection. This program provided steady part-time employment, independent living, and community integration for over 30 consumers at any given time.<sup>6</sup>

A welcome bonus from the Vocational Options Model Program was the discovery that: locating, collecting, storage, and distribution of furniture for persons receiving public support is a new approach to assisting low income persons become independent. This was a unique service that could be duplicated elsewhere. This program continued to serve consumers after the end of the Diffusion Network Project in October, 1993.

In April, 1994, the Human Development Center submitted a grant proposal to the Division of Rehabilitation Services and Division of Mental Health to develop a new employment

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<sup>6</sup>This program served more consumers than any other Diffusion Network Project program

program that would focus on individual job development and placement.<sup>7</sup> This program was funded and presently employs four professional staff who are providing services to consumers. This new program is based, to some extent, on experiences and needs demonstrated during the Diffusion Network Project.

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<sup>7</sup>These two agencies funded four of the Diffusion Network Project sites: Human Resources Associates, Functional Industries, Scott County Human Services, and K.C.Q., Inc.

**Table 1.1. Human Development Center  
(Based on Information from Document 1)  
Basic Consumer Demographics (N=42)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	30	71.4	71.4
Female	12	28.6	28.6
Missing	0	0.0	
Marital Status			
Single	39	92.9	92.9
Married	3	7.1	7.1
Missing	0	0.0	
Racial Status			
Non-White	6	14.3	14.3
White	36	85.7	85.7
Missing	0	0.0	
Living Arrangement			
Highly Controlled	5	11.9	27.8
Group Home	9	21.4	50.0
Supported Care	4	9.5	22.2
Independent	0	0.0	0.0
With Family	0	0.0	0.0
Missing	24	57.1	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	32.24	7.79	31.00	21	52	42
Years of Education Completed	13.71	1.57	7.00	10	17	17

**Table 1.2. Human Development Center  
(Based on Information from Document 1)  
Disability Variables (N=42)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	1	2.4	2.4
Schizophrenia	18	42.9	42.9
Affective Disorder	16	38.1	38.1
Personality Disorder	4	9.5	9.5
Organic Mental Disorder	0	0.0	0.0
Other Psychiatric Disability	3	7.1	7.1
Missing	0	0.0	0.0
<b>Secondary Disability</b>			
Any Psychiatric Disability	7	16.7	24.1
Traumatic Brain Injury	0	0.0	0.0
Chemical Dependency	8	19.0	27.6
Mental Retardation	8	19.0	27.6
Physical Disability	2	4.8	6.9
Learning Disability	0	0.0	0.0
Other, Specific	1	2.4	3.4
No Secondary Disability	3	7.1	10.3
Missing	13	31.0	
<b>Referral Agency</b>			
Vocational Rehabilitation	11	26.2	29.7
Mental Health Agency	2	4.8	5.4
Other Program, Same Organization	8	19.0	21.6
Self-Referral	13	31.0	35.1
Other	3	7.1	8.1
Missing	5	11.9	
<b>Reason for Referral to Program</b>			
General Employment Assistance	9	21.4	26.5
Specific Employment Services Needed	7	16.7	20.6
Consumer Wants to Work	14	33.3	41.2
Community Integration	3	7.1	8.8
Other	1	2.4	2.9
Missing	8	19.0	
<b>Prior Services Received</b>			
No Services	35	83.3	83.3
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	6	14.3	14.3
Unknown, Other	1	2.4	2.9

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	23.36	20.08	97.00	2	99	36

**Table 1.3. Human Development Center  
(Based on Information from Document 1)  
Consumer Employment History for  
Two Years Prior to Program Entry (N=42)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	39	92.9	92.9
Clerical	0	0.0	0.0
Retail and Sales	0	0.0	0.0
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	1	2.4	2.4
Plants and Animals	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Construction	0	0.0	0.0
Other Job Classifications	0	0.0	0.0
Job Not Known	2	4.8	4.8
Sheltered or Protected	0	0.0	0.0
<b>Second Job Held</b>			
No Job	42	100.0	100.0
Clerical	0	0.0	0.0
Retail and Sales	0	0.0	0.0
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Third Job Held</b>			
No Job	41	97.6	97.6
Retail and Sales	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	1	2.4	2.4
Manufacturing	0	0.0	0.0

Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	4.63	.53	75	4.25	5.00	2
Job 2						
Job 3						
<b>Months of Employment</b>						
Job 1	8.00	6.08	11	1	12	3
Job 2	18.00			18	18	1
Job 3	5.00			5	5	1

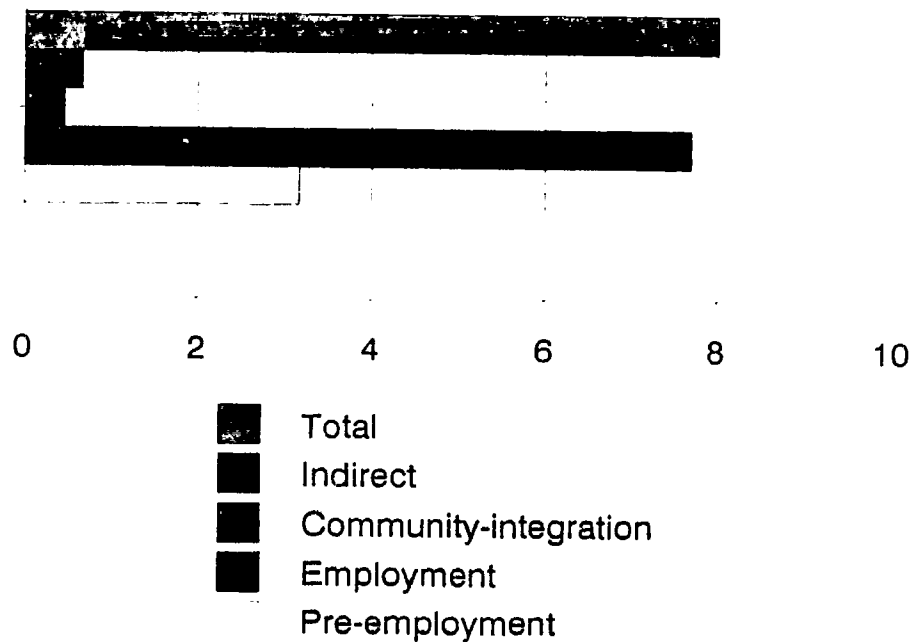
**Table 1.4. Major Events and Dates for:  
Vocational Options Model  
Human Development Center, Duluth, MN**

Major Program Events	Date
<b>Calendar Year 1991.</b> Site selected for Diffusion Network Project participation.	April 2, 1991
Initial technical assistance visit; met with staff, consumers, and Board of Directors.	May 13-15, 1991
Preliminary start of program and data collection.	June 1, 1991
Re-design program to include open-entry/open-exit; emphasis on group work.	July and August, 1991
Technical assistance visit on program design; refine program and include data collection forms in program.	August 6, 1991
Meet with consumers and staff to secure consumer involvement in managing program.	September 4-6, 1991
Vocational Options Program starts.	October 1, 1991
Start of Human Development Center moving crew.	November, 1991
Consumer to staff ratios too high (15-18:1).	December, 1991
<b>Calendar Year 1992.</b> Six-month consumer interview and technical assistance visit.	January 29-30, 1992
Moving crew successful; gradual abandonment of individual placements.	February-April, 1992
Panel presentation to Minnesota Community Services Program Annual Conference on Diffusion Network Project for sites serving persons with psychiatric disabilities.	May 20, 1992
Six-month consumer interview and technical assistance visit; more emphasis on individual placements urged; answer questions on data collection.	July 16-17, 1992
Technical assistance visit to urge reduction in staff workload, use of PASS plans, and individual placements.	September 24-25, 1992
<b>Calendar Year 1993.</b> Six-month consumer interview and technical assistance visit; significant lack of progress in individual placement.	January 20-22, 1993
Six-month consumer interview and technical assistance visit; program decides not to pursue individual placements.	July 12-14, 1993
Data collection ends; program continues.	October 1, 1993



**Table 1.5. Human Development Center  
(Based on Information from Document 2)  
Descriptive Statistics for Weekly Hours of Service by  
Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	3.17	5.60	23.75	0.25	24.00	91
Employment	7.70	5.60	27.25	0.25	27.50	980
Community Integration	0.46	0.09	0.25	0.25	0.50	7
Indirect	0.67	0.55	5.52	0.25	5.77	1014
Total	8.01	5.97	28.75	0.25	29.00	1063



**Figure 1.1  
Human Development Center  
Mean Weekly Hours of Service**

**Table 1.6. Human Development Center**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals**

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	5	11.9	0	0.0	12	28.6	1	2.4	24	57.1	42	100
1-6 months	1	10.0	9	90.0	0	0.0	0	0.0	0	0.0	10	100
7-12 months	0	0.0	9	60.0	6	40.0	0	0.0	0	0.0	15	100
13-18 months	0	0.0	9	64.3	5	35.7	0	0.0	0	0.0	14	100
19-24 months	0	0.0	10	76.9	3	23.1	0	0.0	0	0.0	13	100
25-30 months	0	0.0	9	81.8	2	48.2	0	0.0	0	0.0	11	100
30+ months	0	0.0	8	80.0	2	20.0	0	0.0	0	0.0	101	100

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**Table 1.7. Human Development Center  
(Based on Information from Documents 1 and 3)  
Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	5	11.9	9	21.4	5	11.9	0	0.0	0	0.0	23	54.8	42	100
1-6 months	2	22.2	0	0.0	0	0.0	6	66.7	1	11.1	0	0.0	9	100
7-12 months	0	0.0	2	14.3	2	14.3	9	64.3	1	7.1	0	0.0	14	100
13-18 months	1	7.7	1	7.7	2	15.4	9	69.2	0	0.0	0	0.0	13	100
19-24 months	4	30.8	0	0.0	1	7.7	8	61.5	0	0.0	0	0.0	13	100
25-30 months	1	9.1	2	18.2	2	18.2	6	54.5	0	0.0	0	0.0	11	100
30+ months	1	10.0	0	0.0	4	40.0	5	50.0	0	0.0	0	0.0	10	100

# Project SAFE (Skill Acquisition For Employment)

Human Resource Associates  
South St. Paul, MN

## Description of Community and Agency<sup>8</sup>

Human Resource Associates is located in South St. Paul, an area of meat packing, railroad yards, light manufacturing, and warehousing along the Mississippi River. Residential sections of the area consist largely of older single-family dwellings and small apartment buildings. Whites, Hispanics, and Blacks live in the area. South St. Paul is part of the Minneapolis-St. Paul metropolitan area, with a total population of 3.5 million people. This metropolis offers employment opportunities in almost every nonagriculture job in the nation's economic market.

Human Resource Associates is a private-for-profit agency started over 25 years ago to provide educational services. About 20 years ago, it moved into the mental health field. Presently the organization offers the following programs:

1. Adult day treatment
2. Two adolescent day treatment programs

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<sup>8</sup>All source documents referenced here are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

3. Crisis intervention
4. Community support programs

Almost all the consumers involved with Human Resource Associates are persons with psychiatric disabilities. The organization also provides in-home intensive therapy for children with mental health problems. The organization has several sites throughout St. Paul. Most of the organization's general funding comes from Dakota County Social Services; a very small amount is from the Minnesota Division of Rehabilitation Services.

### Description of Consumers and Staff

Project SAFE began serving consumers on March 13, 1992. By the time data collection ended on October 1, 1993, Human Resource Associates had contact with 23 consumers, 18 of whom remained in the program long enough to receive significant services (Table 2.1). Unlike most other programs in the Diffusion Network Project, Project SAFE served an equal number of men and women. Almost all the consumers were single, white persons with an average age of 28.50 years when they entered the program.

In terms of disability, most consumers had an affective disorder as a primary disability; 31 percent had no secondary disabilities. The most common secondary disability was mental retardation, followed by another psychiatric disability. Most consumers were referred through Dakota County Mental Health and no consumer received prior vocational services. As is common with severe psychiatric disabilities, the average age of onset was 18 years.

Staffing patterns during the last year of Project SAFE were as follows:

Position Title	Percent of FTE
Administrator	.05
Job Site Coordinator	.50
Job Coach	1.00
Secretary	.20

The job site coordinator's duties centered on developing and maintaining job sites for consumer job shadowing, skill acquisition, or job placement. The job coach's major duties involved developing Individual Placement Plans with the consumer, giving intensive training and support during work experiences or placement, and participating in assessing the consumer. The major staff personnel problem during the project was staff turnover. Between March, 1992, and September, 1997, the original program director, job site coordinator, and job coach all resigned and had to be replaced. It is safe to assume that these resignations resulted in interrupted services to consumers. There was no formal consumer involvement either in the development or operation of Project SAFE.

## **Project SAFE (Skill Acquisition For Placement)**

Project SAFE began in March, 1992, and was modified in July, 1993, to place more emphasis on job development and placement. The following description represents the final operational version of Project SAFE. One of the differences between Project SAFE and other programs in the Diffusion Network Project was that Project SAFE served consumers who had no work history and had severe psychiatric disabilities. These consumers were perceived as being more difficult to serve than the consumers receiving services at other Diffusion Network Projects sites; they also had more severe disabilities than consumers served in the older Dakota EmployAbility Project. In addition to specialized services available through Project SAFE, consumers could use all the Dakota EmployAbility Project services.

Project SAFE was funded in January, 1992, for \$60,720 by the Division of Rehabilitation Services and the Mental Health Division of the State of Minnesota. Project SAFE and three<sup>9</sup> other programs were to develop new community-based employment services for persons having severe psychiatric disabilities. The Diffusion Network Project, under contract with each site, provided training, technical assistance, information, research activities, and coordination with the three other sites. Staff from the Diffusion Network Project, Division of Rehabilitation Services, and Mental Health Division worked closely with each site. Research results were provided to the Minnesota State legislature. The project was refunded for \$60,000 for the 1993 calendar year.

### **History and Background**

In 1986, the Dakota County Mental Health Consortium identified the need for vocational/employment services for persons with psychiatric disabilities. The Dakota EmployAbility Project began to implement this approach, with the philosophy that individuals, regardless of their disability, had a right to the opportunity of employment in a comfortable, safe, and normalized environment. Since 1986, the Dakota EmployAbility Project was successful in assessing needs and providing services which result in competitive employment. A successful continuum of services for persons with psychiatric disabilities was developed: (a) goal setting/career exploration, (b) volunteer placement, (c) job-seeking skills classes, (d) job club, (e) individualized employment preparation, (f) job development and placement, (g) on-site or off-site job coaching, (h) employer involvement, (i) long-term individualized support services, and (j) in-service training and education for employers.

This program was designed to serve adults (age 18 or over) with a mental illness meeting the State of Minnesota criteria of "serious and persistent mental illness." The selection criteria included a lack of work experience, a lack of skills or training, a desire to work competitively, and a commitment to the process of placement and long-term support. Emphasis was given to underserved populations including (a) the most vocationally handicapped due to illness and lack of skill, (b) those recently discharged from either Minnesota Regional Treatment Center or a residential facility, and (c) those at risk for homelessness.

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<sup>9</sup>The other three organizations were: Scott County Human Services, K.C.Q., Inc., and Functional Industries. Each of these is described separately.

## Services Offered

The usual vocational services of job seeking skills development, resume writing, and job searches, even under the guidance of trained and experienced vocational staff, do not compensate for a lack of job history or a lack of job skills. Therefore, a concerted effort to offer opportunities to acquire job skills in a normalized environment is needed. The new services included the following:

**Individualized Career Development and Planning.** The focus on ensuring that the consumer expresses his/her desire for a specific career is a basis of Project SAFE. Consumers and counselors discuss career goals, aspirations, and needs that result in a long-range career plan. However, as the consumer becomes more involved in the program and gains new information or insights, this plan is subject to modification or change.

Due to the nature of the psychiatric disability, it is essential that functional assessments are conducted periodically to provide a reality check for any vocational planning. Assessment takes into account what personal qualities the consumer has to offer a potential employer, all work skills already possessed, and considerations necessary due to the mental illness. The consumer is an active participant in all evaluation planning. If formal vocational testing and assessment are required, consumers are referred to another service provider with funding provided by the Division of Rehabilitation Services.

In career planning, the consumer and counselor review the consumer's desires, the results of the functional assessment, and the current job market conditions. Coordination with other service providers is also a key element in development of a career plan. Consumers often involve their personal support systems (family or significant others), county case manager, vocational rehabilitation counselor, therapist, residential staff, and other significant individuals. The career plan gives direction to further placement and skills acquisition. This career plan incorporates strategies for transitioning to employment, length and extent of job coaching, and the specific individualized supports needed during placement.

**Job Shadowing and Mentoring.** Job shadowing and mentoring can be either formal or informal. Formal job shadowing and mentoring places consumers in the community with an employee who is doing work similar to the career goals and skills identified by the consumer in the career plan. The consumer shadows the employee throughout the employee work day for approximately one week and then discusses the experience with the Project SAFE counselor. Informal job shadowing includes spontaneous visits to a job site that is similar to the consumer's placement interests. Another informal job shadowing feature is to interview the employer or an employee in a specific job area.

The result of job shadowing may be a revision in the career plan or affirmation that the identified skill area is still appropriate for the consumer. Job shadowing is an opportunity for the consumer to validate occupational desires through the observation of workers in a field of desired work, and it encourages integration through the work setting.

**Job Skills Acquisition Experiences.** Job skills acquisition sites are individually arranged for consumers in the community in competitive environments, consistent with the individual's



career plan. The consumer works in a supported learning setting while developing general work skills and increasing technical skills and confidence. Acquisition experiences lasted between 4 and 16 weeks. Sub-minimum wage permits were used to encourage employers to become involved and to encourage consumer effort. On-the-Job-Training (OJT) monies were accessed for employers whenever possible.

**Specialized Job Coaching.** In competitive employment the consumer receives training from specialized job coaches, who are persons with both job coaching skills and expertise in the subject matter and skills needed in specific occupations. Payment for job coaching services is charged to the Division of Rehabilitation Services whenever possible. Because many job coaches do not have the technical and professional expertise required for a job, a specialized job coach trains with the consumer. Specialized job coaches provide the supervision for on-site job training and are available for careers such as bookkeeping and accounting, cooking, mechanics, assembly, and construction. These job coaches are either Project SAFE staff or persons contracted with to provide job coaching services. Project SAFE recruits qualified workers and then gives training and ongoing supervision in job analysis, working with employers, confidentiality, consumer rights, teaching methods, and mental illness and stigma issues. Specialized job coaches were available to consumers placed in job skill acquisition sites or to individuals placed competitively in the community.

Depending on their needs, Project SAFE consumers use different components of the older Dakota EmployAbility program and the new Project SAFE components. A consumer may use all the above services or have two job shadow experiences. These two experiences can include: an employer job coached skill acquisition site placement and specialized job coaching provided by Project SAFE in the competitive job placement. Job-seeking skills training, resume writing, and ongoing supports were all services currently offered to consumers in the existing EmployAbility Program. All these services were available to consumers of Project SAFE.

### **Consumer Choice and Integration**

Project SAFE was based upon individual needs and choices. Consumers were the key force in determining their career plans. Throughout participation in the program, consumers had responsibility for their own level of involvement in the development and implementation of their career plans. Through this active participation, the expectation was that a consumer would be more committed, satisfied, and successful with his/her employment opportunities.

Community and workplace integration was encouraged through the use of individual job sites, the use of community support networks and employee job coaches, and the use of networking efforts in job placement (i.e., friends, family, Job Service, church groups, etc.). To increase the possibilities of full integration and decrease the possibilities of isolation or stigma, consumers were placed competitively outside the skill acquisition job site. The job acquisition site was used only if the consumer felt comfortable to stay.

Employers were involved in the process of integration through education and anti-stigma information and by encouraging open communication through the employee/employer relationship, as well as with the project staff. To assist in program development, employees participated on the project's advisory committee.

## Services Provided

Project SAFE staff worked directly with consumers to provide employment services an average of 2.85 hours per week (Table 2.5; Figure 2.1<sup>10</sup>). The large standard deviation of 3.68 as well as the range of 18.85 implies that the number of direct service placement hours varied greatly according to the consumer's needs, which included job shadowing and job coaching. Pre-employment Services involved consumers and staff an average of 1.87 hours per week. Apparently, most of the pre-employment hours are attributed to occupational exploration and skill acquisition. Consumers and staff were involved in Community Integration Services for less than one hour per week. Finally, the hours of Indirect Services are fairly high in relation to the Employment Hours of services. This may be attributed to the project's emphasis on developing sites for job shadowing, skill acquisition, and placement.

## Outcomes

Outcomes for Project SAFE were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to Project SAFE staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information obtained from Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.
2. Information was presented in either 4- or 6-month time periods. This information offers a way of estimating how consumers changed over two separate time periods. at 4-month intervals after entering program entry date (Document 4), and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for privacy, selection of friends, and involvement in organizations.<sup>11</sup>

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<sup>10</sup>See Appendix A for description of service categories

<sup>11</sup>These two composite scores were independent of each other. A Pearson r correlation for all consumers in the Diffusion Network Project was only .06.

## Employment Outcomes

At program entry, 1 consumer was competitively employed and 4 consumers were in either sheltered or supported employment; 10 consumers were unemployed (Table 2.6). Six or eight consumers were interviewed during three 6-month follow-up interviews. During this 18-month period, consumer employment remained essentially the same as it was upon program entry: most consumers were employed in noncompetitive employment, and one or two were in competitive employment. The decrease in the number of consumers interviewed between program entry and the 6-month follow-up interviews leads to the conclusion that about half the consumers dropped out from the program during the first 6 months. Of the six or eight who remained, there was a gradual shift from unemployed to employed, either competitively or noncompetitively. It appears that successful consumers remained in the Project SAFE while unsuccessful ones quit.

The employed consumers worked an average of 222.17 hours and earned \$1,038.79 ( $n=6$ ) during each 4-month follow-up period. This resulted in an average work week of 13.89 hours with an average hourly wage of \$4.67, or just about minimum wage.

## Independent Living Outcomes

Independent living outcomes focus on the present type of housing, future housing goals in relationship to present housing situation, and making decisions about housing. The type of housing upon program entry and at 6-month intervals is presented on Table 2.7. There was a definite shift in housing between a consumer's entry into the program and after he/she continued in the program. At program entry, 31.3 percent of consumers lived in highly controlled housing and another 31.3 percent lived in supported housing. In the three follow-up interviews, consumers reported an increase in independent living of at least 50 percent. However, with the employment outcomes given above, the considerable drop in the number of consumers interviewed between program entry and the first 6-month interview raises questions about differences between consumers who dropped out and those who stayed in Project SAFE.

The stability of the living situation after program entry was also indicated by the composite independent living variable. During the 6-month follow-up periods, there were no significant differences.

## Community Integration

The community integration composite variable was derived from consumer responses to Document 3 items asking about participation in community organizations, friends in the community, respect for privacy, and assistance with housing. Throughout the length of Project SAFE, consumers participated in a variety of organizations, the most common being church attendance and church-related organizations, mental health self-help groups, and chemical dependency self-help groups. In addition, most consumers made their own decisions about friends and had their right to privacy respected. The community integration composite scores did not change significantly over the three reporting periods.

## Summary

Project SAFE is an example of how an operational program may be modified and specialized to serve a very severely disabled population. This project centered on providing experiences in job shadowing and mentoring, followed by job skills acquisition experiences. The use of job coaches with expertise in specific jobs and in vocational skills is a unique idea included in this program. The project started with emphasis on job shadowing and skills acquisition. However, there were problems with moving the consumers from career exploration and pre-employment skills to supported employment. During the last 9 months of the project (See Table 2.4), technical assistance attempted to encourage increased job placement and job development. Although the actual technical assistance was interrupted by a conflict between the provider and Project SAFE staff, Project SAFE did begin to place more emphasis on job placement. Two other problems experienced by the program were staff turnover during the first year and some problems with county human services and the Division of Rehabilitation Services over funding and accountability. By the end of the demonstration in October, 1993, these problems had been resolved and Project SAFE has continued. In 1994, Human Resources Associates began to operate a community support program; many of the functions in Project SAFE were included in this program.

**Table 2.1. Human Resource Associates  
(Based on Information from Document 1)  
Basic Consumer Demographics (N=16)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	8	50.0	50.0
Female	8	50.0	50.0
Missing	0	0.0	
Marital Status			
Single	13	81.3	81.3
Married	3	18.8	18.8
Missing	0	0.0	
Racial Status			
Non-White	0	0.0	0.0
White	15	93.8	100.0
Missing	1	6.3	
Living Arrangement			
Highly Controlled	5	31.3	31.3
Group Home	5	31.3	31.3
Supported Care	0	0.0	0.0
Independent	3	18.8	18.8
With Family	3	18.8	18.8
Missing	0	0.0	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	28.50	7.01	25.00	22	47	16
Years of Education Completed	12.33	.90	7.00	10	14	15

**Table 2.2. Human Resource Associates  
(Based on Information from Document 1)  
Disability Variables (N=16)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	0	0.0	0.0
Schizophrenia	2	12.5	12.5
Affective Disorder	11	68.8	68.8
Personality Disorder	0	0.0	0.0
Organic Mental Disorder	0	0.0	0.0
Other Psychiatric Disability	3	18.8	18.8
Missing	0	0.0	0.0
<b>Secondary Disability</b>			
Any Psychiatric Disability	2	12.5	13.3
Traumatic Brain Injury	1	6.3	6.7
Chemical Dependency	1	6.3	6.7
Mental Retardation	4	25.0	26.7
Physical Disability	1	6.3	6.7
Learning Disability	1	6.3	6.7
Other, Specific	0	0.0	0.0
No Secondary Disability	5	31.3	33.3
Missing	1	6.3	
<b>Referral Agency</b>			
Vocational Rehabilitation	3	18.8	23.1
Mental Health Agency	7	43.8	53.8
Other Program, Same Organization	1	6.3	7.7
Self-Referral	2	12.5	15.4
Other	0	0.0	0.0
Missing	3	18.8	
<b>Reason for Referral to Program</b>			
General Employment Assistance	4	25.0	26.7
Specific Employment Services Needed	4	25.0	26.7
Consumer Wants to Work	2	12.5	13.3
Community Integration	0	0.0	0.0
Other	5	31.3	33.3
Missing	1	6.3	
<b>Prior Services Received</b>			
No Services	16	100.0	100.0
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	0	0.0	0.0
Unknown, Other	0	0.0	0.0

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	18.00	4.53	11.00	15	26	5



**Table 2.3. Human Resource Associates  
(Based on Information from Document 1)  
Consumer Employment History for  
Two Years Prior to Program Entry (N=16)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	7	43.8	43.8
Clerical	0	0.0	0.0
Retail and Sales	1	6.3	6.3
Care of Others	0	0.0	0.0
Food Service	3	18.8	18.8
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Plants and Animals	0	0.0	0.0
Manufacturing	2	12.5	12.5
Transportation	1	6.3	6.3
Construction	0	0.0	0.0
Other Job Classifications	0	0.0	0.0
Job Not Known	0	0.0	0.0
Sheltered or Protected	2	12.5	12.5
<b>Second Job Held</b>			
No Job	14	87.5	87.5
Clerical	0	0.0	0.0
Retail and Sales	1	6.3	6.3
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Sheltered or Protected	1	6.3	6.3
<b>Third Job Held</b>			
No Job	15	93.8	93.8
Retail and Sales	1	6.3	6.3
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0

Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	7.16	2.85	5.74	4.25	9.99	6
Job 2	6.00			6.00	6.00	1
Job 3						
<b>Months of Employment</b>						
Job 1	13.18	8.59	23.00	1	24	11
Job 2	7.75	3.86	8.00	4	12	4
Job 3	2.00			2	2	1

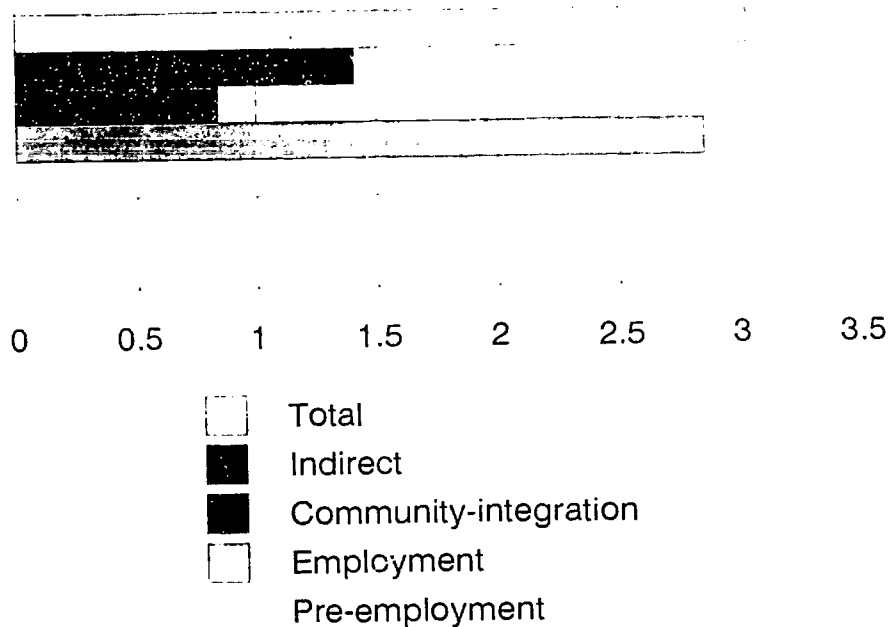


**Table 2.4. Major Events and Dates for:  
Project SAFE (Skill Acquisition For Employment)  
Human Resource Associates, South St. Paul, MN**

Major Program Events	Date
<b>Calendar Year 1991.</b> Site selected by State of Minnesota Departments of Employment and Human Services.	December 15, 1991
<b>Calendar Year 1992.</b> Introductory meeting of four sites in Minnesota project, State of Minnesota vocational rehabilitation and mental health consultants, and DNP staff: present DNP project, technical assistance, data collection, and work relationships.	January 28, 1992
Initial technical visit with State of Minnesota vocational rehabilitation and mental health consultants; program will focus on serving persons with very severe psychiatric disabilities; meeting with county officials, DRS, and HRA management.	March 4, 1992
Project SAFE begins serving consumers; data collection begins.	March 13, 1992
Training session for the four Minnesota project sites on job development, establishing community supports, follow-up and follow-along services, and working with business and consumer advisory groups.	April 15-16, 1992
Program Director resigns to take another job within the organization.	August 1, 1992
Quarterly meeting of the four Minnesota project sites; identified new or continuing technical assistance needs; data collection issues; announcement of application for continuation grants by State of Minnesota.	August 20, 1992
Six-month consumer interview and technical assistance visit; program working on long-term funding and job development.	August 3, 1992
Scheduled training for staff in placement by job placement specialist at K.C.Q.; training session canceled as a result of trainer's haughty attitude toward HRA staff; creates a problem for DNP and State of Minnesota vocational rehabilitation and mental health consultants.	October, 1992
Quarterly meeting of Minnesota project sites; training on chemical dependency and mental illness; project updates.	November 13, 1992
Development of job analysis form (with DNP staff assistance) for use in job shadowing and placement.	November, 1992
<b>Calendar Year 1993.</b> Project Coordinator resigns.	January, 1993
Six-month consumer interview and technical assistance visit; no significant changes in program.	March 19, 1993
Six-month consumer interview and technical assistance visit; major shift from pre-employment activities to job development and placement.	July 20-21, 1993
Data collection ends; program continues.	October 1, 1993

**Table 2.5. Human Resource Associates**  
**(Based on Information from Document 2)**  
**Descriptive Statistics for Weekly Hours of Service by**  
**Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	1.87	2.52	19.75	0.25	20.00	243
Employment	2.85	3.68	18.85	0.15	19.00	198
Community Integration	0.84	0.65	2.75	0.25	3.00	24
Indirect	1.41	1.07	7.35	0.15	7.50	555
Total	3.03	3.06	21.10	0.15	21.25	603



**Figure 2.1**  
**Human Resource Associates**  
**Mean Weekly Hours of Services**

**Table 2.6. Human Resource Associates  
(Based on Information from Documents 1 and 3)  
Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals**

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	1	6.3	4	25.0	10	62.5	1	6.3	0	0.0	16	100
1-6 months	0	0.0	3	50.0	3	50.0	0	0.0	0	0.0	6	100
7-12 months	1	12.5	4	50.0	3	37.5	0	0.0	0	0.0	8	100
13-18 months	2	33.3	4	66.7	0	0.0	0	0.0	0	0.0	6	100

**Table 2.7. Human Resource Associates**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	5	31.3	0	0.0	5	31.3	3	18.8	3	18.8	0	0.0	16	100
1-6 months	0	0.0	0	0.0	0	0.0	5	83.3	1	16.7	0	0.0	6	100
7-12 months	0	0.0	0	0.0	2	25.0	6	75.0	0	0.0	0	0.0	8	100
13-18 months	0	0.0	1	16.7	2	33.3	3	50.0	0	0.0	0	0.0	6	100

# Supported Employment Program

K.C.Q., Inc.  
Faribault, MN

## Description of Community and Agency<sup>12</sup>

Rice County, Minnesota, has a population of 49,000 persons and is located directly south of the Twin Cities metropolitan area. Its major cities are Northfield and Faribault. Although it is near Minneapolis and St. Paul, only about 10 percent of the county's residents work in the Twin Cities. At the start of the program, the county unemployment rate was 4.9 percent. Industries employing the highest number of persons are food processing, equipment manufacturing, retail food stores, bars and restaurants, health services, and educational services. In addition, the State of Minnesota maintains several large public institutions (a Regional Treatment Center and a prison) in Faribault.

K.C.Q., Inc. is a private non-profit organization started less than 15 years ago to provide supported employment and housing services to persons with severe disabilities. At the start of the project, K.C.Q. served 86 consumers in various supported employment programs, including mobile crews and individual placements. About half of these consumers had mental retardation as a primary disability and almost one-fourth had psychiatric disabilities as a primary disability. Services were provided by nine staff persons. Prior to the beginning of the Supported Employment Program, K.C.Q. conducted a market analysis of the county and

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<sup>12</sup>All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

determined that while persons with mental retardation were receiving a variety of services, services were still needed for persons with physical disabilities, persons with disabilities not covered by medical assistance, and persons with "severe and persistent mental illness."

### Description of Consumers and Staff

K.C.Q. began intake of consumers on January 31, 1992, a few days after the project was funded. Between that date and the end of the program on October 1, 1993, 35 consumers had contact with the program; 28 consumers received significant services. Fifteen of the 28 consumers were male; almost all were single and white (Table 3.1). Consumers had completed an average of over 12 years of education and were about 35 years old when they entered the program. The primary disabilities were affective disorders and schizophrenia. The most common secondary disabilities included another psychiatric disability and chemical dependency (Table 3.2). Average age of onset was 20 years. Most consumers were referred and funded by the Minnesota Division of Rehabilitation Services for specific employment services. Not one consumer had received vocational services prior to involvement in the Supported Employment Program.

Staff for the Supported Employment Program were from three agencies. While K.C.Q. provided most of the staff, Rice County Human Services and the Division of Vocational Rehabilitation each assigned one person for a small percentage of time to the project as coordinators. This resulted in a high level of communication and cooperation among the three agencies. Between the first and second year, there was a considerable shift in K.C.Q. staff. During 1993, the case manager was assigned 1.00 FTE;<sup>13</sup> several job coaches made up a 1.25 FTE.

Position	1992 FTE	1993 FTE
Program Director	.125	.125
Project Coordinator/Case Manager	.75	1.00
Job Coaches	1.00	1.25
Job Placement Specialist	.25	
Rice County Social Services	.25	.15
Division of Vocational Rehabilitation Counselor	.10	.09

A job placement specialist was dismissed after the first year and was not replaced. Project staff showed an unusual degree of enthusiasm for job development and placement, providing support, working with employers, providing direct supervision when needed, and helping consumers to increase their confidence. Communication between consumers and staff was open and informal.

<sup>13</sup>FTE means Full Time Equivalent and is the percentage of time a worker is assigned to a position.

## Supported Employment Program

### Program Concept and History

The Supported Employment Program grew from a need for specified services to persons with psychiatric disabilities. As with many successful programs, it was based on several years of experience in serving consumers with severe disabilities other than those with mental illness and on several planning documents. Persons with psychiatric disabilities living in Rice County faced the following problems:

1. Limited access to programs for persons with psychiatric disabilities. The closest programs were in Owatonna, Minnesota, which is outside Rice County. Access to these programs was based on available openings and whether the individuals could secure their own transportation. There is no mass transit service to Owatonna.
2. Limited vocational services for persons with disabilities. Except for K.C.Q., vocational evaluation and job placement services were not available within Rice County. Although job skill acquisition services were offered at Faribault Regional Treatment Center, Rice County DAC, and local school districts, these were geared toward persons with developmental disabilities.
3. Accessibility to individualized placements were limited to those who could work without consistent job support. This occurred due to limited new dollars being allocated to the Division of Rehabilitation Services. Because of budget shortfalls, Rice County Social Services could not give ongoing support.
4. Inability in establishing working relationships and the limited knowledge of the rehabilitation needs of this group were believed to be partly due to the more transient lifestyle of persons with psychiatric disabilities.

In addition, the collaborative agencies (i.e., K.C.Q., Division of Rehabilitation Services, and Rice County Mental Health Services) believe that this target population had (a) a limited knowledge of the world of work; (b) an unrealistic level of personal awareness regarding transferrable knowledges, skill abilities, and interests; (c) a desire for any kind of work, leading to taking jobs that may not fit; (d) a lack of skills needed to access the local job market; and (e) a lack of social supports and overall lowered self-esteem due to past experience.

### Program Description

The Supported Employment Program was funded in January, 1992, for \$50,000 by the Division of Rehabilitation Services and the Mental Health Division of the State of Minnesota. This program and three other programs<sup>14</sup> were to develop new community-based employment services with persons having severe psychiatric disabilities. The Diffusion Network Project,

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<sup>14</sup>The other three organizations were: Scott County Human Services, Human Resources Associates, and Functional Industries. Each of these is described separately.



under contract from each site, provided training, technical assistance, information, research activities, and coordination to the three other sites. Diffusion Network Project, Division of Rehabilitation Services, and Mental Health Division staff worked closely with each site. Research results were provided to the Minnesota State legislature. The project was refunded at \$50,000 for the 1993 calendar year.

The collaborative team concluded that an expansion of service components was necessary in developing a more concentrated and individualized approach to employment. In combating the above identified problems, service components built on the current services and resources available among this collaborative team. The methods used to expand services were in functional assessment, individualized career planning, job placement, job skill acquisition, and job retention/follow-up. The Supported Employment Program operated between January, 1992, and October, 1993 (Table 3.4).

### **Process, Collaboration, and Linkage**

Rice County Social Services is actively involved with after-care planning for individuals discharged from Regional Treatment Centers and the Rule 36 facilities. Social Services monitors and secures services and assesses how the person is managing the symptoms of psychiatric disability. The Social Services's case manager develops an after-care plan summary to vocational rehabilitation during application process.

The Division of Rehabilitation Services receives referrals from the Rice County Social Services and assists the job candidate further by formulating an Individual Written Rehabilitation Plan and forwards pertinent referral information to local mental health professionals, family members, and consumer self-referrals. In order to meet vocational rehabilitation eligibility requirements, consumers must confirm their diagnosis of psychiatric disability. The job candidate is referred to Supported Employment Program through the Division of Rehabilitation Services.

Overseeing this process is a rehabilitation team composed of the consumer, vocational rehabilitation counselor, county social worker, Supported Employment Program case manager, family members, and mental health professional, if his/her involvement is desired by the consumer.

Initial intake includes input from the rehabilitation team in order to maximize resources available throughout the employment process. During intake, individual service components available through each service category are discussed by the consumer and the team. The chosen individualized service components are outlined in the Individual Placement Plan. Within 30 days of job placement, a second meeting of the rehabilitation team occurs to review progress and identify additional service components to be used in skill acquisition, retention, and follow-up. This information is outlined in an Individual Employment Plan.

### **Specific Services Offered**

The following specific services are offered to consumers; these services are arranged in the approximate order of their provision:

**Functional Assessment.** Three major types of assessment are available. A community-based vocational evaluation approach obtains information about functional skills through job shadowing and on-site evaluation. The evaluations draw out vocational skills, work-related behaviors, and functional limitations. The Functional Assessment Inventory is an interview protocol designed to determine strengths and problems in several personal areas such as cognitive, sensory, mobility, endurance, support system, and vocational (Crewe & Athelstan, 1984). The outcome estimates the extent to which disability affects daily living. In some cases, arrangements are made with the Division of Vocational Rehabilitation for the consumer to be assessed with more traditional instruments.

**Individualized Career Planning.** Each job candidate (i.e., consumer in the K.C.Q. program) meets with a case manager to review the functional assessments. If the consumer desires exposure to career possibilities, interest and preference testing through the Career Planning Center at Faribault Senior High are available for individuals with limited knowledge of vocational options. Additional activities that aid in career planning are informational interviewing with successful employees currently holding positions within a desired work area, touring local businesses having a desired position, and/or job shadowing. In developing a long-term career path, specific objectives needed to reach the career goal are discovered, agreed upon, and measured.

**Pre-Employment Support.** A group named "Java and Jobs" meets weekly and is open to any consumer just entering pre-employment or placement status. The club focuses on resume construction, interviewing skills, and providing peer support throughout the placement process. Informational and mock interviews help refine learned skills. The group provides education, information, support, and job referrals. Consumers in this group can schedule individual meetings with Supported Employment Staff; use office telephones to gather employment information; obtain assistance with resumes, employment applications, and interviewing; and practice job skills, such as keyboarding. Consumers with limited access to telephones, limited transportation choices, and limited social network gain the most from the Java and Jobs group.

**Job Placement.** Once a career goal is established, an individualized placement plan is developed. A placement specialist assists in job contacts and provides leads, interviews, and related services. An employment agency developed by the Supported Employment Program offers employers labor from a pool of individuals with disabilities. Individuals with psychiatric disabilities are also members of that labor pool.

**Job Skill Acquisition.** Job coaching is available for initial training in an employment position.

**Job Retention.** Ongoing follow-up depends on individual needs. Both the case manager and a job coach offer employment monitoring. An employee support group that meets twice monthly is also available for ongoing peer support. The purpose of this group is not only to provide peer support but also to address individual consumer choices and preferences. Then, through an Individual Program Plan, integrative activities are incorporated on an individual basis. The first job club meeting each month centers on information that affects employees. The second meeting focuses on the community support program's psycho-social component that incorporates social and recreational activities in the community.

## **Types of Employment**

Several types of employment are offered by the program. The type selected depends on the desires of the consumer, recommendations by professional staff, and availability of jobs in the local economy.

**Individual Employment.** The most desired and most common outcome is an individual placement, which can be either competitive or supported employment. Consumers working as individuals in the community may or may not have on-site supports such as skill training and behavioral interventions. On-site services are the responsibility of the job coach.

**Transitional Employment.** The Division of Vocational Rehabilitation often funds transitional employment as a way to offer time-limited training, placement, and support services. The focus is on mastering job skills and work behaviors that motivate the consumer to develop a positive work reference, acquire a specific skill, or move to permanent employment. The setting for transitional employment can be individual placement, scattered site, work crew, or enclave.

**Modified Enclave.** Unlike supported employment and group work enclave, modified enclaves offer a cluster of individual work sites scattered within a large corporation. Like an enclave, one job coach is on-site daily to offer ongoing supports as needed. Unlike a more traditional enclave, the consumer earns at least minimum wage and "blends" more readily into the work force.

**Self-Employment.** The Supported Employment Program has information on developing a business plan; building a base of support using accounting, legal, and banking services; and mentoring opportunities for launching the consumer's own business.

**Job Share.** At least two consumers share the same full-time or part-time job. This provides back-up support should one consumer not be able to work for a time. Job sharing positions are developed as a competitive hire or as supported employment.

## **Consumer and Business Involvement**

A Consumer Advisory Board meets quarterly to suggest program changes and to monitor progress. While this group can suggest program changes, it has no power to make these changes.

K.C.Q. has a Business Advisory Council so that staff can learn about employer needs, local labor market trends, and potential employment opportunities. Employers learn about disability, reasonable accommodations under the Americans with Disabilities Act, employer incentives, and how to access rehabilitation supports within their businesses.

## Services Provided

Table 3.5 and Figure 3.1<sup>15</sup> lists the four service categories of support and the number of hours of weekly service associated to each one. The reader will immediately notice the similarity in the descriptive statistics for pre-employment and employment services. This strongly implies that the Supported Employment Program provided about equal amounts of assessment, job-seeking skills, on-site training, and follow-up services. These statistics agree with the program described above. The 16 consumers in the program received a total of 373 pre-employment services and 467 placement services; the number of community integration services (n=28) were considerably less. Once again, this agrees with the total emphasis of the K.C.Q. program on employment. Consumers received an average of 2.45 hours of indirect service per week. The most common indirect service hours provided were in job development and placement, coordination of services, and reporting.

## Outcomes

Outcomes for the Supported Employment Program were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network staff approximately every 6 months (Document 3). Consumers gave interviews to Supported Employment Program staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.
2. Information is presented in either 4- or 6-month time periods. These offer a way of estimating how consumers changed over two separate time periods: at 4-month intervals after entering program entry date (Document 4), and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for

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<sup>15</sup>See Appendix A for description of service categories.

privacy, selection of friends, and involvement in organizations.<sup>16</sup>

### **Employment Outcomes**

Of the 28 consumers participating in the program, about one-third had been employed in the 2 years prior to program entry (Table 3.6). These persons held jobs mostly in the service industry. After 6 months in the Supported Employment Program, 7 of the 17 consumers remaining in the program were employed in some capacity. Between their 7th and 12th months in the program, almost 70 percent were in supported or sheltered employment. Finally, in months 13-18, about 77 percent of the consumers were employed. Between months 1-6 and months 13-18, there was a steady shift from unemployment to supported and sheltered employment to competitive employment. This implies that consumers remaining in the program made real gains in competitive employment.

In spite of this gradual shift toward competitive employment, there were no significant differences reported in either weekly wages and hours worked. Over the four 4-month reporting periods, the consumers worked an average of 235.02 hours and earned \$1215.37 per 4-month period. In other words, the average employed consumer worked 14.69 hours per week and earned \$5.17 per hour. Thus, regardless of whether employed competitively or non-competitively, consumers worked less than 15 hours per week and earned about minimum wage.

### **Independent Living Outcomes**

These outcomes center on the consumer's housing situation, future housing goals in relationship to present living situation, and making decisions about housing. Table 3.7 compares the consumer's housing status upon program entry and for the 6-month follow-up periods. At the time of their entry into the Supported Employment Program, 14 (50 percent) of the consumers were living independently, 18 percent were in supported housing, and another 18 percent lived with family. During the three follow-up periods, there was little shift in housing patterns. By the time of the last follow-up with 12 consumers, 75 percent were living independently and 17 percent were living with their family.

As with the other sites in the Diffusion Network Project, there were no significant differences in the composite independent living score among the three 4-month follow-up time periods. This finding, when combined with the data on Table 3.7, strongly suggests that there was little change in the independent living status during the project.

### **Community Integration**

The community integration composite variable was derived from consumer responses to Document 3 items asking about participation in community organizations, friends in the community, respect for privacy, and assistance with housing. Throughout the length of Supported Employment Program, consumers participated in a variety of organizations, the most

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<sup>16</sup>These two composite scores were independent of each other. A Pearson r correlation for all consumers in the Diffusion Network Project was only .06.



Supported Employment Program, consumers participated in a variety of organizations, the most common being church attendance and church related organizations, mental health self-help groups, and chemical dependency self-help groups. In addition, most consumers made their own decisions about friends and had their right to privacy respected. The community integration composite scores did not change significantly over the three reporting periods.

### Summary

The Supported Employment Program grew from locally identified needs into a program that provided local services to meet needs. The program was well organized, and services were provided by qualified and motivated staff. One of the program's strengths was its knowledge of local labor markets and how to access those markets. Job placement was almost always through individual supported employment. Another strength was that the program continued throughout the demonstration phase without major change. Problems with the program centered on staff turnover; a placement specialist was discharged, and the project coordinator resigned shortly before the end of data collection. Following the resignation of the project coordinator, the program was discontinued.

**Table 3.1. K.C.Q., Inc.**  
**(Based on Information from Document 1)**  
**Basic Consumer Demographics (N=28)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	15	53.6	53.6
Female	13	46.4	46.4
Missing	0	0.0	
Marital Status			
Single	27	96.4	96.4
Married	1	3.6	3.6
Missing	0	0.0	
Racial Status			
Non-White	1	3.6	3.6
White	27	96.4	96.4
Missing	0	0.0	
Living Arrangement			
Highly Controlled	1	3.6	3.7
Group Home	0	0.0	0.0
Supported Care	5	17.9	18.5
Independent	14	50.0	51.9
With Family	5	17.9	18.5
Missing	3	10.7	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	34.85	8.72	39.00	19	58	27
Years of Education Completed	12.75	1.46	6.00	10	16	28



**Table 3.2. K.C.Q., Inc.**  
**(Based on Information from Document 1)**  
**Disability Variables (N=28)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	0	0.0	0.0
Schizophrenia	6	21.4	21.4
Affective Disorder	16	57.1	57.1
Personality Disorder	3	10.7	10.7
Organic Mental Disorder	0	0.0	0.0
Other Psychiatric Disability	3	10.7	10.7
Missing	0	0.0	
<b>Secondary Disability</b>			
Any Psychiatric Disability	6	21.4	22.2
Traumatic Brain Injury	0	0.0	0.0
Chemical Dependency	6	21.4	22.2
Mental Retardation	2	7.1	7.4
Physical Disability	1	3.6	3.7
Learning Disability	3	10.7	11.1
Other, Specific	3	10.7	11.1
No Secondary Disability	6	21.4	22.2
Missing	1	3.6	
<b>Referral Agency</b>			
Vocational Rehabilitation	23	82.1	85.2
Mental Health Agency	3	10.7	11.1
Other Program, Same Organization	0	0.0	0.0
Self-Referral	1	3.6	3.7
Other	0	0.0	0.0
Missing	1	3.6	
<b>Reason for Referral to Program</b>			
General Employment Assistance	4	14.3	15.4
Specific Employment Services Needed	17	60.7	65.4
Consumer Wants to Work	3	10.7	11.5
Community Integration	0	0.0	0.0
Other	2	7.1	7.7
Missing	2	7.1	
<b>Prior Services Received</b>			
No Services	28	100.0	100.0
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	0	0.0	0.0
Unknown, Other	0	0.0	0.0

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	20.30	9.65	40.00	3	43	20

**Table 3.3. K.C.Q., Inc.**  
**(Based on Information from Document 1)**  
**Consumer Employment History for**  
**Two Years Prior to Program Entry (N=28)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	16	57.1	57.1
Clerical	0	0.0	0.0
Retail and Sales	2	7.1	7.1
Care of Others	1	3.6	3.6
Food Service	2	7.1	7.1
Food Processing	1	3.6	3.6
Building Maintenance	2	7.1	7.1
Plants and Animals	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Construction	0	0.0	0.0
Other Job Classifications	2	7.1	7.1
Job Not Known	1	3.6	3.6
Sheltered or Protected	1	3.6	3.6
<b>Second Job Held</b>			
No Job	23	82.1	82.1
Clerical	0	0.0	0.0
Retail and Sales	0	0.0	0.0
Care of Others	1	3.6	3.6
Food Service	2	7.1	7.1
Food Processing	1	3.6	3.6
Building Maintenance	0	0.0	0.0
Manufacturing	1	3.6	3.6
Transportation	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Third Job Held</b>			
No Job	25	89.3	89.3
Retail and Sales	0	0.0	0.0
Food Service	1	3.6	3.6
Food Processing	1	3.6	3.6
Building Maintenance	0	0.0	0.0
Manufacturing	1	3.6	3.6

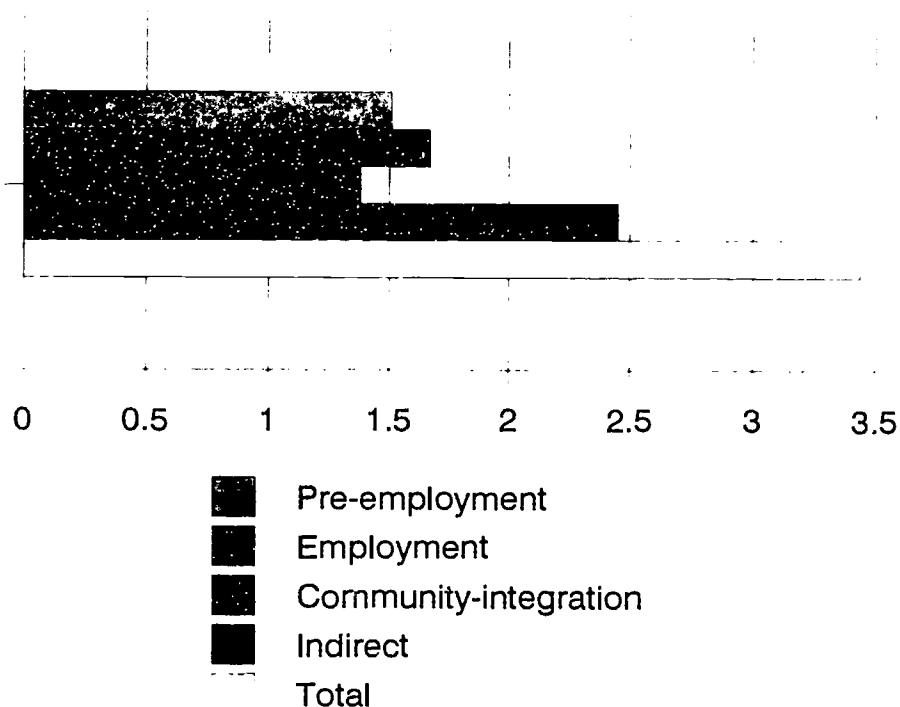
Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	5.58	1.78	6.75	4.00	10.75	16
Job 2	5.10	1.34	3.35	4.00	7.35	6
Job 3	4.71	1.00	2.15	3.85	6.00	4
<b>Months of Employment</b>						
Job 1	14.16	26.56	119.00	1	120	19
Job 2	3.57	4.39	12.00	1	13	17
Job 3	6.25	2.36	5.00	3	8	4

**Table 3.4. Major Events and Dates for:  
Supported Employment Program  
K.C.Q., Inc., Faribault, MN**

Major Program Events	Date
<b>Calendar Year 1991.</b> Site selected by State of Minnesota Departments of Employment and Human Services.	December 15, 1991
<b>Calendar Year 1992.</b> Introductory meeting of four sites in Minnesota project, State of Minnesota vocational rehabilitation and mental health consultants, and DNP staff; present DNP project, technical assistance, data collection, and work relationships.	January 28, 1992
Supported Employment Program begins serving consumers; data collection starts.	January 31, 1992
Initial technical visit with State of Minnesota vocational rehabilitation and mental health consultants, meet with K.C.Q., county mental health services, and Division of Vocational Rehabilitation staff; received detailed information on employers in county; program progress reported in five objective areas.	March 3, 1992
Training session for the four Minnesota project sites on job development, establishing community supports, follow-up and follow-along services, and working with business and consumer advisory groups.	April 15-16, 1992
Six-month consumer interview and technical assistance visit; plans to secure long term funding through county board; DNP staff help prepare presentation.	August 4-5, 1992
Quarterly meeting of Minnesota project sites; identified new or existing technical assistance needs; data collection issues; announcement of application for continuation grants by State of Minnesota.	August 20, 1992
Presentation to county board.	October 4, 1992
In-service training provided to area employers on ADA and reasonable accommodation for persons with psychiatric disabilities.	October 7, 1992
Quarterly meeting of Minnesota project sites; training on chemical dependency and mental illness; project updates.	November 13, 1992
Placement Specialist discharged.	December 10, 1992
<b>Calendar Year 1993.</b> Six-month consumer interview and technical assistance visit; program doing well; plan to start an Employee Network Support Group.	March 12, 1993
Six-month consumer interview and technical assistance visit; program continues to do well.	July 14 & 16, 1993
Project Coordinator resigns.	September, 1993
Data collection ends; program discontinued.	October 1, 1993

**Table 3.5. K.C.Q., Inc.**  
**(Based on Information from Document 2)**  
**Descriptive Statistics for Weekly Hours of Service by**  
**Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	1.51	2.14	16.00	0.25	16.25	373
Employment	1.67	2.26	18.50	0.25	18.75	467
Community Integration	1.38	2.06	8.50	0.25	8.75	28
Indirect	2.45	2.47	48.25	0.25	48.50	1312
Total	3.44	3.45	50.25	0.25	50.50	1336



**Figure 3.1**  
**K.C.Q., Inc.**  
**Mean Weekly Hours of Service**

**Table 3.6. K.C.Q., Inc.**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals**

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	5	17.9	2	7.1	19	67.9	2	7.1	0	0.0	28	100
1-6 months	2	11.8	4	23.5	10	58.8	1	5.9	0	0.0	17	100
7-12 months	1	7.7	9	69.2	3	23.1	0	0.0	0	0.0	13	100
13-18 months	6	46.2	4	30.8	3	23.1	0	0.0	0	0.0	13	100

**Table 3.7. K.C.Q., Inc.**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	1	3.6	0	0.0	5	17.9	14	50.0	5	17.9	3	10.7	28	100
1-6 months	0	0.0	2	12.5	1	6.3	10	62.5	3	18.8	0	0.0	16	100
7-12 months	0	0.0	2	15.4	1	7.7	7	53.8	3	23.1	0	0.0	13	100
13-18 months	0	0.0	1	8.3	0	0.0	9	75.0	2	16.7	0	0.0	12	100

# Scott-Carver Employability Project

Scott County Human Services  
Shakopee, MN

## Description of Community and Agency<sup>17</sup>

Scott and Carver Counties border the greater Minneapolis area on the southwest and are changing from rural to suburban. In each county the employment base is shifting from agriculture and food processing to manufacturing, service, and entertainment. While this shift has led to the creation of new jobs, many of these are low-wage occupations in service industries. At the beginning of the project, the unemployment rate was about 6.5 percent.

This project was proposed by the Scott and Carver County Departments of Human Services. The program was housed in the Scott County Court House and was under the general guidance of the Scott County Community Support Program. Prior to the start of the Scott-Carver Employability Project, this community support program served 65 persons with two full-time direct service providers. The organization of the project was fairly complicated. Although the project was housed in the Scott County Community Support Program, project staff were officially employees of the Mankato Rehabilitation Center, Inc. Other persons assigned to the project were Scott and Carver Community Support Program staff and Division of Rehabilitation Services counselors.

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<sup>17</sup> All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.



## **Description of Consumers and Staff**

This program began to serve consumers on February 20, 1992 and continued serving consumers until the end of data collection in September, 1993. During this time the program had contact with 20 consumers with psychiatric disabilities, 16 of whom received significant services. This yielded a drop-out rate of 20 percent, one of the lowest in the 11 Diffusion Network Project sites. Nine of the 16 consumers were males and most were white (Table 4.1). At the time of program entry, 75 percent were living independently and had an average age of 34.93. In terms of primary disability, about 50 percent had schizophrenia; the remaining consumers were about evenly split between affective and personality disorders (Table 4.2). Because 50 percent of the consumers had missing information for secondary disabilities, these cannot be described with any accuracy.

All consumers in the program were referred by the county mental health agencies or other mental health programs. Although consumers were funded by the Division of Rehabilitation Services, this funding began after acceptance by the Scott-Carver Employability Project. None of the consumers had received vocational services from the two counties prior to entering the Scott-Carver Employability Program. At program entry, several consumers were actively involved with the Division of Rehabilitation Services. Only 4 (Table 4.3) of the 16 consumers were employed for 2 years prior to their program entry.

The program began with the services of a full-time employment support specialist and a part-time job coach; a second job coach was added to the staff after the first year. Staff from other organizations provided referrals, maintained contact with consumers, and provided back-up when needed. The job coaches were employees of a Manakato Rehabilitation Center who were paid by the Division of Vocational Rehabilitation through an agreement with their employer. The program had problems with staff turn-over. The Program Director resigned after three months and her position was not filled for about 6 months. This created a leadership vacuum in which the employment support specialist and job coach essentially worked alone for several months. After the first year, a second job coach was hired.

In addition to the these staff, two staff each from the Division of Rehabilitation Services, Carver County Human Services, and Scott County Human Services were assigned to the program for FTEs ranging from .02 to .07. These persons were responsible for coordinating and funding consumer services and for providing overall program guidance.

## **Scott-Carver Employability Project**

The Scott-Carver Employability Project was funded in January, 1992, for \$49,161 by the Division of Rehabilitation Services and the Mental Health Division of the State of Minnesota. This program and three other programs<sup>18</sup> were to develop new community-based employment services with persons having severe psychiatric disabilities. The Diffusion Network Project,

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<sup>18</sup> The other three organizations were: Human Resources Associates, K.C.Q., Inc., and Functional Industries. Each of these is described separately.

under contract from each program, provided training, technical assistance, information, research activities, and coordination with the three other programs. Diffusion Network Project, Division of Rehabilitation Services, and Mental Health Division staff worked closely with each program. Research results were provided to the Minnesota State Legislature. The project was refunded at \$47,500 for the 1993 calendar year. The project served consumers from February 20, 1992, until September 30, 1993 (Table 4.4).

The central part of this program was the creation of a job pool followed by supported employment or job placement. During the course of the project, the major problem was moving consumers from the job pool to employment.

The primary requirements for program participation were a diagnosis that met the Minnesota criteria for "serious and persistent mental illness" and self-expressed interest in employment. Consumers gained access to the Scott-Carver Employability Project mostly through referrals from mental health agencies. Project staff provided outreach to Rule 36 facilities where county residents are placed, as well as to the Willmar Regional Treatment Center. Thus, some consumers entered the program shortly after being discharged from mental health facilities.

### **Guiding Principles**

Earlier informal studies in Scott and Carver Counties concluded that most people with psychiatric disabilities wanted to work. Their aspirations included careers that go beyond the entry-level jobs most often available to consumers of the mental health system. The Scott-Carver Employability Project actively addressed three broad problems:

1. A shortage of meaningful employment opportunities for consumers, particularly those opportunities allowing for further advancement and/or training.
2. A local business community that was largely uninformed about hiring and integrating adults with psychiatric disabilities into the work force.
3. Lack of a system-wide plan that dynamically links employment opportunities with support resources in the community.

### **Organization**

The Scott-Carver Employability Project is a two-county, multi-agency effort that used the existing staff from five local agencies: the Mankato Rehabilitation Center, Inc., the Division of Rehabilitation Services, the Carver-Scott Educational Cooperative Center, and the social service departments of Scott and Carver counties (including community support programs in both counties). In addition, the project added a full-time staff position of an employment support specialist.

A cornerstone of the Scott-Carver Employability Project is establishment of a Business Advisory Council. This new council consists of large and small business owners, executives, and management personnel from the communities within Carver and Scott counties. Also, local

service providers including vocational rehabilitation, the Mankato Rehabilitation Center, county personnel directors, and county mental health agencies are included on the council. At least one consumer from each county holds membership on the council.

The Business Advisory Council serves as a forum for educating its members in such areas as mental illness, available support services for employers and employees, and state and federal laws as they pertain to the hiring and employment of people with psychiatric disabilities (e.g., American with Disabilities Act, Human Rights, Data Privacy). Council members receive information about hiring and placing consumers with consideration of issues such as job modification and co-worker relations. The development of single site job placements is facilitated by the Business Advisory Council. During the second year of the project, the Business Advisory Council was not very active.

### **Services to Consumers**

A second key concept of the Scott-Carver Employability Project is a new direct services package that links employability services and resources for support (e.g., job coaching, vocational rehabilitation funding). Following referral and an initial intake meeting, prospective participants are admitted into the job pool. The job pool is an all-inclusive, open-ended, non-time-limited workshop. The job pool meets twice per week and is staffed by the Employment Support Specialist and the Job Coach. The Division of Rehabilitation Services counselor attended monthly to explain his/her agency's services, to act as a consultant, and to do some training on career planning, job seeking skills, and job keeping skills.

An array of employment-related activities are available to each participant within the job pool: functional assessment/vocational evaluation, vocational rehabilitation eligibility determination, job seeking skills building, individualized career planning, and supported employment placement to transpire congruently without delay or fragmentation. Consumers access these essential components at their own pace. The job pool also provides a foundation and milieu for psychosocial support.

### **Job Placement and Support**

When consumers in the job pool are identified as interested and ready for Division of Rehabilitation Services eligibility determination, the Division of Rehabilitation Services counselor, job coach, and supported employment coordinator attempt to develop individual job sites that meet each consumer's unique needs. Job development is conducted in conjunction with consumer input and choice.

Upon placement in supported employment, the focus for each consumer shifts to intensive job support. Three job support service components are available concurrently:

1. **Job Club.** The job club is open to all employed consumers and meets twice per month after work hours. Largely consumer-run, the job club focuses on both mutual support and on issues pertaining to job enhancement and advancement. The job coach, employment support specialist, and Division of Rehabilitation Services staff, as well as business advisory council members, are available for consultation and

linkage to advancement opportunities. These opportunities include higher education credits via the Carver-Scott Educational Cooperative/Crown College in Carver County, promotions within specific job sites, and job/career changes.

During the project, other workers with psychiatric disabilities heard about the job club from employers or other persons. Some persons with psychiatric disabilities who were not in the Scott-Carver Employability Project used this service for after-hours job support.

2. Job Coaching. The job coach completes a thorough job analysis, provides direct on-site training, assists in job orientations, works directly with each employer/supervisor to "troubleshoot," advocates, and facilitates environmental modifications as necessary. The amount and intensity of job coaching services depend upon the needs of the consumer and the work site and often vary over time.
3. Individualized Employment Support Services. The consumer and employment support specialist work together to design an employment support plan that identifies all the support resources and services in the community needed to obtain and sustain employment. Support services are based in part, but not limited, to Minnesota Rule 14 model for community support services which includes: housing assistance, independent living skills assistance, financial management and benefits assistance, transportation assistance, social/recreational support, medication monitoring, crisis prevention and intervention, outreach, and family support/education.

An essential factor among the support service component involves assertive efforts to integrate the consumer in as normal a fashion as possible into the community at large.

### **Consumer Involvement and Choices**

The entire program is predicated on the consumer's choice of employment. At the initial meeting of consumers, family members, case managers (if applicable), community support program staff, and employment support specialist, the consumer has the choice of entering this program. The program uses an individualized approach for each person to discover his/her unique skills, abilities, and interests regarding employment. The employment support specialist and Division of Rehabilitation Services counselor help the consumer to define and enhance those skills and abilities. Consumers are continually consulted about their job preference, job location preference, and specific employers of their choice as the new job sites are developed. In those new job sites, the job coach assists consumers with integration. Integration is discussed at the Job Club. Consumers and family members serve on the Business Advisory Council.

### **Integration**

This project model enhances opportunities for consumer integration, both inside and outside the workplace, through three essential agents:

1. The Business Advisory Council sets and transmits standards for "reasonable access"

and integration on an organizational level and ensures that the standards of integration are met on an ongoing basis.

2. The Job Coach helps each employer ensure integration for each individual supported employee specific to the individual's work setting.
3. The Employment Support Specialist links consumers with the social community at large by promoting normal inclusion in community, recreation, cultural events, and by developing and nurturing natural support systems.

### Services Provided

If we look at the number of Document 2s,<sup>19</sup> data on the services provided in general confirmed the verbal description of the program given above (Table 4.5; Figure 4.1<sup>20</sup>). Although pre-employment services accounted for an average of only 1.02 hours of direct hours per week, 296 weeks of these services were provided. Specific services provided to each member of the job pool were job seeking skills training, individualized career planning, and vocational rehabilitation eligibility determination.

This is in contrast with the total of 49 weeks of employment services (Table 4.5; Figure 4.1). Although the mean weekly hours of services is considerably higher for employment than it is for pre-employment, the number of Document 2s strongly implies that consumers spent most of their time in pre-employment services. Very little community integration services were provided. Finally, over 2 hours of indirect services were provided each week; included in this 2 hours are job development and job placement. In summary, it appears that in the Scott-Carver Employability Project consumers spent most of their time in pre-employment activities and staff spent considerable time in indirect services.

### Outcomes

Outcomes for the Scott-Carver Employability Project were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to Supported Employment Program staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.

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<sup>19</sup>Each Document 2 represents one week of services.

<sup>20</sup>See Appendix A for description of service categories



2. Information is presented in either 4 or 6-month time periods. These offer a way of estimating how consumers changed over two separate time periods: at 4-month intervals after entering program entry date (Document 4), and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for privacy, selection of friends, and involvement in organizations.<sup>21</sup>

### Employment Outcomes

Prior to program entry, 12 of the 16 consumers were unemployed, and data were missing for another 3 (Table 5.6)<sup>22</sup>. Over time, the number of consumers competitively employed remained continually low: between zero and two. The number of consumers in supported employment ranged between one and four; these persons were employed in supported employment by the Mankato Rehabilitation Center. It appears that most of the consumers were never competitively employed. No wage and hour information are available for the Scott-Carver Employability Project.

### Independent Living Outcomes

These outcomes center on the consumer's housing situation, future housing goals in relationship to present living situation, and making decisions about housing. Table 5.7 compares housing status upon program entry and for the 6-month follow-up interviews. Between the program entry and the first 6-month interview, the number of consumers in independent housing rose from 56 to 92 percent. During months 13 to 18 and months 18 to 25, all consumers were living independently. During months 7 to 12, two consumers were living with families and one was in supported housing. If we consider living with family as a "normal" housing situation, then by months 7 to 12, almost all of consumers were living in the community.

These findings were consistent with the composite independent living variable. There were not significant differences among the composite independent living scores during the four 6-month interview periods. Like most other programs in the Diffusion Network Project, the independent living seems to have stabilized between program entry and the first 6-month follow-up.

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<sup>21</sup>These two composite scores were independent of each other. A Pearson r correlation for all consumers in the Diffusion Network Project was only .06.

<sup>22</sup>There are some inconsistencies between the program entry data presented on Tables 4.3 and 4.6. This is the result of missing and/or inconsistent information reported upon program entry.

## Community Integration

The community integration composite variable was derived from consumer responses to Document 3 items asking about participation in community organizations, friends in the community, respect for privacy, and assistance with housing. As with the independent living composite variable, community integration scores did not change significantly as time in the Scott-Carver Employability Project progressed.

## Summary

This Scott-Carver Employability Project attempted to combine the services of several agencies to produce a tight network of services for consumers. Consumers were served largely in a job pool that was a therapy group, a job-seeking skills group, a job club, and a support group. The major concern with the project was that most consumers never left the job pool. Although considerable time was spent on job development and placement, these services did not result in employment. One possible explanation were philosophical differences between staff on the importance of and need for employment for persons with psychiatric disabilities..

The project also had a Business Advisory Council that was active during the first several months of the project and then became almost dormant. The major purposes of this group were to develop community contacts for consumers and to give project staff and consumers advice on how to approach employers. The loss of an active Advisory Council may have resulted in a low placement rate of the project.



**Table 4.1. Scott-Carver Employability Project**  
**(Based on Information from Document 1)**  
**Basic Consumer Demographics (N=16)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	9	56.3	56.3
Female	7	43.8	43.8
Missing	0	0.0	
Marital Status			
Single	13	81.3	92.9
Married	1	6.3	7.1
Missing	2	12.5	
Racial Status			
Non-White	1	6.3	7.1
White	13	81.3	92.9
Missing	2	12.5	
Living Arrangement			0.0
Highly Controlled	0	0.0	0.0
Group Home	0	0.0	0.0
Supported Care	2	12.5	16.7
Independent	9	56.3	75.0
With Family	1	6.3	8.3
Missing	4	25.0	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	34.93	10.32	34.00	21	55	15
Years of Education Completed	12.46	2.15	7.00	10	17	13

**Table 4.2. Scott-Carver Employability Project  
(Based on Information from Document 1)  
Disability Variables (N=16)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	0	0.0	0.0
Schizophrenia	7	43.8	50.0
Affective Disorder	4	25.0	28.6
Personality Disorder	3	18.8	21.4
Organic Mental Disorder	0	0.0	0.0
Other Psychiatric Disability	0	0.0	0.0
Missing	2	12.5	
<b>Secondary Disability</b>			
Any Psychiatric Disability	0	0.0	0.0
Traumatic Brain Injury	0	0.0	0.0
Chemical Dependency	2	12.5	25.0
Mental Retardation	0	0.0	0.0
Physical Disability	2	12.5	25.0
Learning Disability	0	0.0	0.0
Other, Specific	0	0.0	0.0
No Secondary Disability	4	25.0	50.0
Missing	8	50.0	
<b>Referral Agency</b>			
Vocational Rehabilitation	0	0.0	0.0
Mental Health Agency	10	62.5	76.9
Other Program, Same Organization	3	18.8	23.1
Self-Referral	0	0.0	0.0
Other	0	0.0	0.0
Missing	3	18.8	
<b>Reason for Referral to Program</b>			
General Employment Assistance	3	18.8	25.0
Specific Employment Services Needed	7	43.8	58.3
Consumer Wants to Work	2	12.5	16.7
Community Integration	0	0.0	0.0
Other	0	0.0	0.0
Missing	4	25.0	
<b>Prior Services Received</b>			
No Services	16	100.0	100.0
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	0	0.0	0.0
Unknown, Other	0	0.0	0.0

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	28.44	10.25	36.00	17	53	9

**Table 4.3. Scott-Carver Employability Project  
(Based on Information from Document 1)  
Consumer Employment History for  
Two Years Prior to Program Entry (N=16)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	12	75.0	75.0
Clerical	0	0.0	0.0
Retail and Sales	1	6.3	6.3
Care of Others	0	0.0	0.0
Food Service	1	6.3	6.3
Food Processing	0	0.0	0.0
Building Maintenance	1	6.3	6.3
Plants and Animals	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Construction	0	0.0	0.0
Other Job Classifications	0	0.0	0.0
Job Not Known	1	6.3	6.3
Sheltered or Protected	0	0.0	0.0
<b>Second Job Held</b>			
No Job	15	93.8	93.8
Clerical	0	0.0	0.0
Retail and Sales	0	0.0	0.0
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	1	6.3	6.3
Sheltered or Protected	0	0.0	0.0
<b>Third Job Held</b>			
No Job	16	100.0	100.0
Retail and Sales	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0

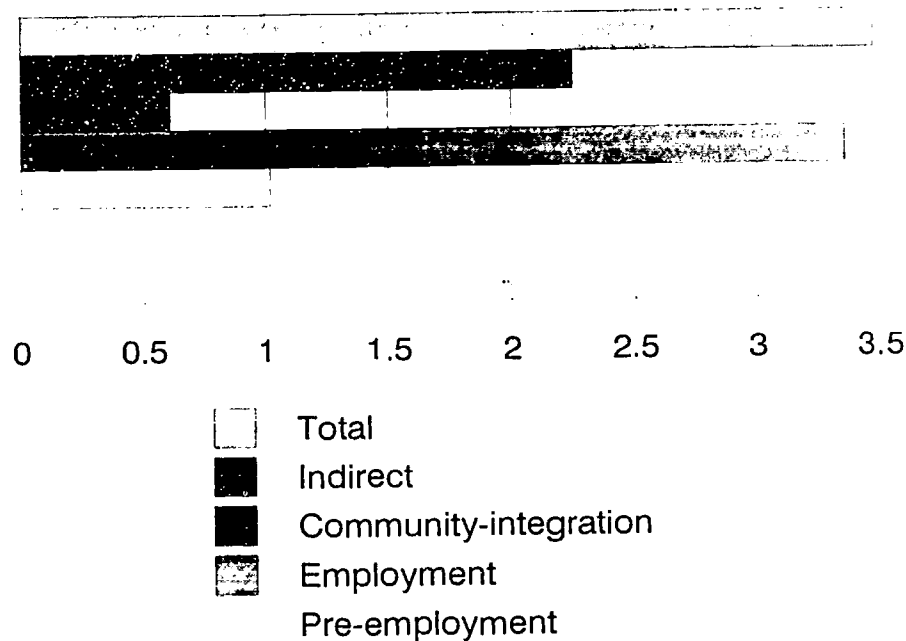
Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	4.83	.52	1.00	4.25	5.25	3
Job 2						
Job 3						
<b>Months of Employment</b>						
Job 1	4.25	1.71	4.00	2	6	4
Job 2	7.00			7	7	1
Job 3						

**Table 4.4. Major Events and Dates for  
Scott-Carver Employability Project  
Scott County Human Services, Shakopee, MN**

Major Program Events	Date
<b>Calendar Year 1991.</b> Site selected by State of Minnesota Departments of Employment and Human Services.	December 15, 1991
<b>Calendar Year 1992.</b> Introductory meeting of four sites in Minnesota project, State of Minnesota officials, and DNP staff; present DNP project, technical assistance, data collection, and work relationships.	January 28, 1992
Scott-Carver Employability Project begins serving consumers; data collection begins.	February 20, 1992
Initial technical visit with State of Minnesota officials; meeting with county officials and DRS.	March 4, 1992
Training session for the four Minnesota project sites on job development, establishing community supports, follow-up and follow-along services, and working with business and consumer advisory groups.	April 15-16, 1993
Program Director resigns.	May 22, 1992
Quarterly meeting of Minnesota project sites; identified new or continuing technical assistance needs; data collection issues; announcement of application for continuation grants by State of Minnesota.	August 20, 1992
Six month consumer interview and technical assistance visit; problems with data collection and with moving consumers from small group sessions to employment.	August 6-7, 1992
Meeting with project staff to determine why placements and job development have been slow; program not selecting consumers who have a definite desire to seek employment; new project working without adequate supervision.	September 2, 1992
Technical Assistance on placement and job development by a K.C Q. staff member.	October 6, 1992
Quarterly meeting of Minnesota project sites; training on chemical dependency and mental illness; project updates.	November 13, 1992
<b>Calendar Year 1993.</b> Six-month consumer interview and technical assistance visit; no significant changes in program; still not placing many consumers.	March 2-3 1993
Six-month consumer interview and technical assistance visit; major shift from pre-employment activities to job development and placement.	July 20-21, 1993
Data collection ends; Project Director resigns; program discontinued.	October 1, 1993

**Table 4.5. Scott-Carver Employability Project  
(Based on Information from Document 2)  
Descriptive Statistics for Weekly Hours of Service by  
Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	1.02	2.83	29.75	0.25	30.00	296
Employment	3.36	4.57	17.75	0.25	18.00	49
Community Integration	0.61	0.33	0.75	0.25	1.00	16
Indirect	2.25	1.18	8.25	0.25	8.50	321
Total	3.48	3.34	30.75	0.25	31.00	345



**Figure 4.1  
Scott-Carver Employability Project  
Mean Weekly Hours of Services**

**Table 4.6. Scott-Carver Employability Project**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals**

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	1	6.3	0	0.0	12	75.0	0	0.0	3	18.8	16	100
1-6 months	2	15.4	1	7.7	10	76.9	0	0.0	0	0.0	13	100
7-12 months	0	0.0	0	0.0	5	83.3	1	16.7	0	0.0	6	100
13-18 months	1	12.5	4	50.0	3	37.5	0	0.0	0	0.0	8	100
19-24 months	1	25.0	1	25.0	2	50.0	0	0.0	0	0.0	4	100

**Table 4.7. Scott-Carver Employability Project**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	0	0.0	0	0.0	2	12.5	9	56.3	1	6.3	4	25.0	16	100
1-6 months	0	0.0	0	0.0	1	7.7	12	92.3	0	0.0	0	0.0	13	100
7-12 months	0	0.0	0	0.0	1	16.7	3	50.0	2	33.3	0	0.0	6	100
13-18 months	0	0.0	0	0.0	0	0.0	8	100.0	0	0.0	0	0.0	8	100
19-24 months	0	0.0	0	0.0	0	0.0	4	100.0	0	0.0	0	0.0	4	100

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# Living Independently Through Employment Support (LITES)

Transitional Living Services  
Milwaukee, WI

## Description of Community and Agency<sup>23</sup>

Milwaukee and its suburbs is the largest and most diverse city in Wisconsin. The city's economy consists of heavy and light manufacturing, banking, insurance, retail and wholesale trade, and services. Unemployment rates have been fairly low during the past several years.

Transitional Living Services, Inc., is a nonprofit corporation offering a variety of housing services to persons with psychiatric disabilities. Originally founded as a program by the Mental Health Association of Milwaukee and the Milwaukee County Mental Health Center in 1962, it was managed by the Jewish Vocational Services (now Milwaukee Center for Independence). Transitional Living Services began as a separate organization in January of 1984. Since that time, it has continued contact with the Milwaukee Center for Independence and has had several consumers employed at Milwaukee Center for Independence in sheltered and other employment. From its corporate office in West Allis, Transitional Living Services operates a variety of housing situations: (a) 8 group homes, (b) 59 supervised apartments, (c) an adult family care program, (d) independent living service, and (e) special housing for hearing impaired individuals

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<sup>23</sup>All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

with psychiatric disabilities. Sixty-six Transitional Living Services staff serve 282 consumers in these five types of housing.

### **Description of Consumers and Staff**

Between July, 1991, and October 1, 1993, the LITES program had contact with 26 consumers. Twenty-three of these 26 received significant employment and housing services from the program; this resulted in a dropout rate of only 12 percent. Fourteen men and 9 women were active in the program; all of these persons were single and 19 were white (Table 5.1). At case opening, 10 consumers were living in controlled environments, all within Transitional Living Services housing. Upon program entry, the consumers were an average age of 36 years. The consumers varied widely in age, education, and employment history.

With one exception, all consumers had schizophrenia or affective disorders (Table 5.2). The most common secondary disability was another mental illness. A majority of the consumers were clients of Transitional Living Services and volunteered for the LITES program after receiving information from housing staff, project staff, and Diffusion Network Project Staff. Most consumers received no employment services prior to program entry. Job history is presented on Table 5.3.

Direct vocational services are offered by one full-time placement specialist with other Transitional Living Services staff giving assistance and back-up when needed. This one staff person performs job development, placement, and job coaching; he also supervises a small enclave within the organization. Transitional Living Services staff operate as a close team and readily share information about consumers among housing supervisors, social workers, and the placement specialist. Staff contact with consumers is constant, informal, and respectful of the consumer as an individual.

### **Living Independently Through Employment Support (LITES)**

The Transitional Living Services' program was funded for \$10,000 by the Diffusion Network Project during the first year of operation. The data collection period ran between September 15, 1991, and October 1, 1993 (Table 5.4).

The program described below was designed by Transitional Living Services staff with some assistance from Diffusion Network Project staff. The original proposal submitted by Transitional Living Services staff placed heavy emphasis on employment within the Transitional Living Services organization. During the initial technical assistance visit in May, 1991, this program was discussed, and it was mutually agreed to by Diffusion Network Project and agency staff that Transitional Living Services would change its program to one emphasizing individual placement within the community (Table 5.4). Shortly after the redesigned program became operational, Diffusion Network project staff discussed the program with consumers to obtain their commitment and ideas. The placement specialist resigned after this meeting and was replaced by a new person on September 15, 1991. At this point the program stabilized and

continued to operate without significant changes until July, 1993 when a small enclave was developed.

### **Program Outline**

The program began operating in the summer of 1991 and continues to this day. The Living Independently Through Employment Support program is outlined below:

1. **Identify Consumers.** Community support workers within Transitional Living Services provide the name(s) of consumers who they feel are work ready. This is done with the knowledge and approval of the consumer involved. The community support program has 4 staff and about 150 consumers. Identified consumers have a desire to work, are stabilized in their mental health condition, and are successful in their housing programs. All the referrals for the LITES program are consumers in Transitional Living Services housing programs.
2. **Determine Eligibility.** In the summer of 1991, case managers selected between 10 and 15 consumers believed to be ready for work, who wanted to work, and who saw work as a positive experience. After this initial group selection, new consumers are selected one at a time as positions within the program become available. After consumers agree to participate in the program, they are sent to the Wisconsin Division of Vocational Rehabilitation to determine if they are eligible for services. Consumers enter the program in groups of five persons. Eligibility is based on the following funding and other requirements:
  - a. Clarification of certification for work from Milwaukee County.
  - b. Once certified, the consumers are divided into groups of five to participate in the program. The five judged most ready are selected first. Services start with assessment (see below).
3. **Assign Case Manager.** The selected consumers are assigned to the case manager responsible for employment services. However, the consumer's prior case manager still is informed of progress; the prior case manager also continues to visit with the consumer as needed.
4. **Perform Vocational Assessment.** Assessment consists of a review of already available information on social, psychological, medical, and vocational history. If required, additional information is obtained. Because almost all the consumers at Transitional Living Services have been there for years, staff are familiar with most consumers. All assessments are conducted by Transitional Living Service staff; no consumers are referred to other agencies for vocational assessment. Assessment techniques include reviews of records, consumer interviews, and behavior observations in various job settings. The following are considered during assessment:
  - a. Occupational exploration by consumers through job site assessments,

occupational information, job tryouts, and tours of companies.

- b. Identification of vocational behaviors, such as needed skills, needed behaviors, housing, and transportation.
5. Discuss Results. After assessment the results are discussed with consumers and they choose one of two options:
  - a. In-House Training/Assessment. This option is used with a few consumers. In-house training evaluates abilities and interests and makes certain that the initial assessment is accurate. This is *time-limited* and consumers then go through either job placement or job development.
  - b. Job Placement and/or Job Development. Based on interests and abilities, consumers are either placed on an existing job or receive job development services (see 6 and 7 below).
6. Job Development. Jobs are developed in the community to fit the needs of the consumer. Staff start by approaching community businesses already known for their interest in employing persons with disabilities. Many of these jobs are part-time and some involve job sharing. Job leads are also developed from contacts made through the organization's board of directors.
7. Job Placement. The following sequence is the job placement strategy:
  - a. Identify existing openings through personal contacts, newspapers, and knowledge of organization staff.
  - b. Consumer and/or placement specialist makes the initial contact. The type of contact depends on the wishes of the consumer. Some consumers do not want to be identified as a person with a psychiatric disability; therefore, they apply for the job directly. Because other consumers want support, the placement specialist makes the first contact and works with both employer and consumer.
  - c. If the employer is aware that he/she is hiring a person with a psychiatric disability, a formal contract involving the consumer, employer, and Transitional Living Services is developed. This contract typically covers negotiated hours, job sharing, starting date, and pay. This contract gives program staff time to solve any employment problems before they become critical.
  - d. Depending on the consumer's needs, either a job coach or a placement model is used. In the job coach method, the consumer receives services on the job site from staff. Common services are training in specific skills, behavior control, helping to develop rapport between the consumer and other employees and supervisor, and making reasonable accommodations. If the consumer obtains the job him/herself, support services are provided off-the-job.

8. Make weekly follow-up contacts with the employer and consumer to solve or anticipate potential problems. If job coaching is used, it is faded when the consumer learns the job. Other types of supports are provided on-the-job or after-hours as needed and based on the needs identified by the consumer.

### **Networking and Securing Funding**

After the program described above was operating for about six months, funding problems among Transitional Living Services, Division of Vocational Rehabilitation, and the Milwaukee County of Human Services arose. Most of these problems centered on which agency was to provide short-term and long-term funding for consumers in the LITES program. Upon investigation, it was discovered that other rehabilitation and psychosocial organizations in Milwaukee were having similar problems.<sup>24</sup> Diffusion Network Project staff helped arrange a meeting involving service providers, the vocational rehabilitation staff, and county human services staff. This led to a series of meetings involving these three groups. With the help of the Division of Vocational Rehabilitation Milwaukee Regional Administrator, many of these funding problems were resolved. In addition, services provider and vocational rehabilitation counselors began to meet regularly to discuss services and specific consumers.

In April, 1993, Diffusion Network Project staff were invited to attend the Milwaukee Supported Employment Consortium, an organization of providers serving persons with psychiatric disabilities. In addition to sharing job leads and suggestions for job development, the Consortium developed an affirmative business that is housed by Transitional Living Services (see below). Diffusion Network Project staff continue to network vocational rehabilitation offices and the Consortium.

### **Affirmative Business**

In March, 1993, Transitional Living Services and three other providers formed Milwaukee Supportive Employment Consortium. One of the major purposes of this informal organization was to develop jobs for consumers from each participating agency. A contact was made with a home office of a life insurance company and it was proposed that the consortium perform some collating, sorting, and mailing of various printed materials to insurance agents in the field as well as to home office employees. This program started with about eight consumers and one staff person. All consumers are employees of Transitional Living Services. This business began in a work room at the Transitional Living Service main office. Consumers are employed about ten hours per week for above minimum wage. Members of the consortium are studying the business to determine if it could spin off from the consortium as an independent affirmative business.

### **Services Provided**

During the data collection period, an average of 1.44 hours of service per week was

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<sup>24</sup> See section on Milwaukee Center for Independence; much of this description is relevant to that agency also.



given to consumers (Table 5.5; Figure 5.1<sup>25</sup>). Unlike most other programs in the Diffusion Network Project, this organization had almost equal mean weekly hours of services in employment (mean = 0.78) and community-integration (mean = 0.99). This most likely reflects the organization's major activity as a housing provider. The pre-employment mean number of hours of service per week (mean = 1.81) indicates the fairly intensive process required by the use of job-site evaluation and functional assessment.

## Outcomes

Outcomes for the LITES program were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to LITES staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.
2. Information is presented in either 4- or 6-month time periods. These offer a way of estimating how consumers changed over two separate time periods: at 4-month intervals after entering program entry date (Document 4), and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for privacy, selection of friends, and involvement in organizations.<sup>26</sup>

## Employment Outcomes

Eight of the 23 consumers reported being unemployed for the 2 years prior to program entry (Table 5.3). However, because pre-program entry employment data were missing for over half the consumers, the estimated unemployment rate was about 75 percent (Table 5.6). During

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<sup>25</sup>See Appendix A for description of service categories

<sup>26</sup>These two composite scores were independent of each other. A Pearson r correlation for all consumers in the Diffusion Network Project was only .06.

the four 6-month periods in Table 5.6, there was an increase in the number of persons employed competitively and in supported employment. By the last 6-month reporting period, 66 percent of the remaining consumers were working. Most reporting supported or sheltered employment were working in the affirmative industry described above. Consumer employed in competitive employment were working as office helpers, construction workers, and as stock clerks.

Wage and hour data were available for seven 4-month follow-up periods. In order to determine if there were any significant differences either in total earnings and total number of hours worked, a one-way analysis of variance was calculated for these two measures. There were no significant differences between the hours worked in each 4-month period, nor were there significant differences between the amounts earned in each 4-month period. This lack of significance indicates that most consumers were employed in part-time jobs at about the minimum wage; during the periods of their employment there were no increases either in hourly wages or hours worked. The total mean number of hours worked and the wage data were as follows: Each consumer worked an average of 277.33 hours and earned an average of \$1,522.89 each 4-month period (having an average hourly wage of \$5.49).

### Independent Living Outcomes

Upon program entry, all the consumers on whom data are available were living in some type of controlled housing. Because Transitional Living Services operates housing at varying degrees of independence and because the consumers in the LITES program were recruited from these housing programs, the housing situation in Table 5.7 was to be expected. Over the course of the program, there was a shift toward greater residential freedom and responsibility. Between 1-6 months, several consumers moved from highly controlled and group homes into supported housing; one consumer moved to totally independent living. Between months 7 and 24 (with one exception) all consumers were either living independently or living in supported housing. Thus, it appears that type of housing stabilized for most consumers during their first 6 months in the program.

The second measure of changes in independent living outcomes was a composite independent living variable derived from responses on Document 3. The mean scores for the four 6-month periods were as follows:

Six Month Follow-up Periods	Number	Mean	Standard Deviation	Range
1-6 Months	7	4.71	2.81	1-9
7-12 Months	9	6.44	2.18	3-9
13-18 Months	5	3.80	2.59	1-7
19-24 Months	6	2.66	2.25	1-6

A one-way analysis of variance calculated on the above data indicated that there was an overall



significant difference between these four 6-month periods:

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	3	56.22	18.74	3.13	.045
Within Groups	23	137.78	5.99		
Total	26	194.00			

These results indicate that between the 1-6 month and the 7-12 month time periods the independent living scores increased. Following the 7-12 month period, they began to decline. This indicates that consumers "lost" some independence after they were in the program for over six months. This loss of independence was not found at other Diffusion Network Project sites, and the author cannot think of any reason why it occurred at Transitional Living Services.

### Community Integration Outcomes

Community integration includes the ability to make personal decisions about choice of friends, participating in community activities, right to privacy, and assistance in housing. As in most other programs, consumers in the LITES program had freedom in choosing friends, and their right to privacy was respected. Social activities were largely confined to religious events and self-help groups. In comparing the consumer's community integration by the four 6-month time periods, it was found that there were no significant differences between time periods. In other words, the consumers were no more integrated into the community after 24 months in the program than what they were during their first six months in the program.

### Summary

The Transitional Living Services LITES program described above was developed by staff with limited technical assistance by Diffusion Network Project staff. The project benefited from low staff turn-over, active involvement of upper management in the program, and staff willingness to take the risk of starting the affirmative business. The program is a well-designed program that provided very close contact with consumers. In comparing the pre-program employment with the four 6-month follow-up periods, we find that the program had a moderate degree of success.

Transitional Living Services is a provider of housing and independent living services to persons with psychiatric disabilities. The organization offers several levels of housing assistance. The LITES program and the affirmative business started by Transitional Living Services demonstrated that an organization can offer employment services that parallel housing services.

**Table 5.1. Transitional Living Services  
(Based on Information from Document 1)  
Basic Consumer Demographics (N=23)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	14	60.9	60.9
Female	9	39.1	39.1
Missing	0	0.0	
Marital Status			
Single	23	100.0	100.0
Married	0	0.0	0.0
Missing	0	0.0	
Racial Status			
Non-White	4	17.4	17.4
White	19	82.6	82.6
Missing	0	0.0	
Living Arrangement			
Highly Controlled	8	34.8	72.7
Group Home	2	8.7	18.2
Supported Care	1	4.3	9.1
Independent	0	0.0	0.0
With Family	0	0.0	0.0
Missing	12	52.5	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	36.32	7.40	26.00	24	50	22
Years of Education Completed	13.43	1.91	7.00	10	17	21

**Table 5.2. Transitional Living Services  
(Based on Information from Document 1)  
Disability Variables (N=23)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	0	0.0	0.0
Schizophrenia	12	52.5	52.2
Affective Disorder	10	43.5	43.5
Personality Disorder	0	0.0	0.0
Organic Mental Disorder	0	0.0	0.0
Other Psychiatric Disability	1	4.3	4.3
Missing	0	0.0	0.0
<b>Secondary Disability</b>			
Any Psychiatric Disability	9	39.1	47.4
Traumatic Brain Injury	0	0.0	0.0
Chemical Dependency	2	8.7	10.5
Mental Retardation	0	0.0	0.0
Physical Disability	0	0.0	0.0
Learning Disability	0	0.0	0.0
Other, Specific	0	0.0	0.0
No Secondary Disability	8	34.8	42.1
Missing	4	17.4	
<b>Referral Agency</b>			
Vocational Rehabilitation	0	0.0	0.0
Mental Health Agency	3	13.0	25.0
Other Program, Same Organization	9	39.1	75.0
Self-Referral	0	0.0	0.0
Other	0	0.0	0.0
Missing	11	47.8	
<b>Reason for Referral to Program</b>			
General Employment Assistance	6	26.1	60.0
Specific Employment Services Needed	3	13.0	30.0
Consumer Wants to Work	0	0.0	0.0
Community Integration	0	0.0	0.0
Other	1	4.3	10.0
Missing	13	56.5	
<b>Prior Services Received</b>			
No Services	16	69.6	69.6
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	6	26.1	26.1
Unknown, Other	1	4.3	4.3

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	25.44	7.01	23.00	17	40	18

**Table 5.3. Transitional Living Services  
(Based on Information from Document 1)  
Consumer Employment History for  
Two Years Prior to Program Entry (N=23)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	16	69.6	69.6
Clerical	1	4.3	4.3
Retail and Sales	0	0.0	0.0
Care of Others	0	0.0	0.0
Food Service	3	13.0	13.0
Food Processing	0	0.0	0.0
Building Maintenance	1	4.3	4.3
Plants and Animals	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Construction	1	4.3	4.3
Other Job Classifications	1	4.3	4.3
Job Not Known	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Second Job Held</b>			
No Job	22	95.7	95.7
Clerical	0	0.0	0.0
Retail and Sales	0	0.0	0.0
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	1	4.3	4.3
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Third Job Held</b>			
No Job	23	100.0	100.0
Retail and Sales	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0

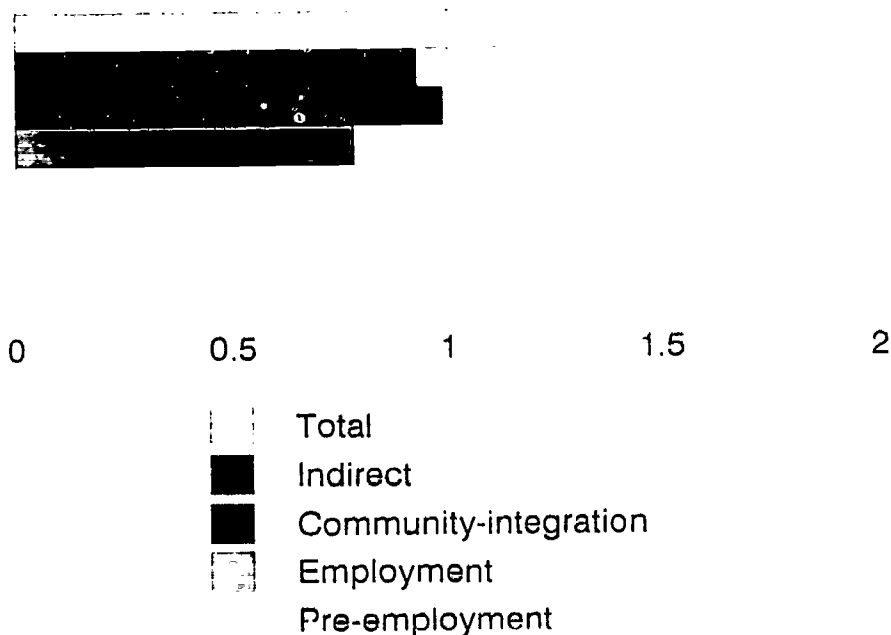
Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	5.45	1.44	4.50	3.50	8.00	10
Job 2	5.40	1.80	4.15	3.85	8.00	4
Job 3	4.35					1
<b>Months of Employment</b>						
Job 1	3.30	3.23	11.00	1	12	10
Job 2	8.67	7.23	13.00	4	17	3
Job 3	12.00			12	12	1

**Table 5.4. Major Events and Dates for:  
Living Independently Through Employment Support (LITES)  
Transitional Living Services, Milwaukee, WI**

Major Program Events	Date
<b>Calendar Year 1991.</b> Site selected for Diffusion Network Project participation.	April 16, 1991
Initial technical assistance visit; TLS staff decide to totally revise program proposed in their original DNP proposal; program starts day after technical assistance visit.	May 10, 1991
Redesign LITES program with emphasis on individual supported employment; TLS staff plan to support consumers largely through Division of Vocational Rehabilitation (DVR) performance contracts.	Jun 17-18, 1991
Meet with consumers to discuss program and their needs, and with staff to teach methods of employer contact; shortly after this meeting placement person resigns; data collection begins.	July 31-August 2, 1991
New placement specialist hired; program stabilized.	September 15, 1991
<b>Calendar Year 1992.</b> Six-month consumer interview and technical assistance visit; discuss funding problems with DVR and Milwaukee County Dept. of Social Services on both short- and long-term support; consumers not getting the support promised by these agencies; other service providers in Milwaukee area having identical problems.	February 5, 1992
Meeting the DVR Milwaukee Regional Administrator on funding and DNP program; this begins a series of meetings that grow into a better working relationship between service providers and DVR.	June 25, 1992
Six-month consumer interview and technical assistance visit; discussed funding issues.	August 19, 1992
<b>Calendar Year 1993.</b> Six-month consumer interview and technical assistance visit; cooperation between DVR and service provides improved; TLS planning to start affirmative industry to do packaging and mailing and other clerical work; information on crews, enclaves, and affirmative businesses provided.	February 10, 1993
DNP staff attend and become active in Milwaukee Supported Employment Consortium, an organization of organizations providing services to persons with psychiatric disabilities; this organization has begun doing clerical and mailing jobs for an insurance company home office; DNP staff continue to attend these monthly meetings until close of DNP project.	April 2, 1993
Six-month consumer interview and technical assistance visit; enclave started at TLS, concern by DNP staff that this will detract from individual employment; funding situation with DVR has been much improved.	July 19-20, 1993
Data collection ends.	October 1, 1993
<b>Calendar Year 1994.</b> DNP staff continue to provide technical assistance and network with DVR in Milwaukee and Supported Employment Consortium.	1994

**Table 5.5. Transitional Living Services  
(Based on Information from Document 2)  
Descriptive Statistics for Weekly Hours of Service by  
Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	1.81	2.99	19.75	0.25	20.00	49
Employment	0.78	1.79	24.76	0.24	25.00	229
Community Integration	0.99	1.32	23.75	0.25	24.00	486
Indirect	0.93	1.14	9.25	0.25	9.50	467
Total	1.44	1.88	27.50	0.25	27.75	824



**Figure 5.1  
Transitional Living Services  
Mean Weekly Hours of Service**

**Table 5.6. Transitional Living Services**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals**

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	1	4.3	1	4.3	8	34.8	1	4.3	12	52.2	23	100
1-6 months	1	14.3	2	28.6	4	57.1	0	0.0	0	0.0	7	100
7-12 months	1	11.1	4	44.4	3	33.3	1	11.1	0	0.0	9	100
13-18 months	2	40.0	2	40.0	1	20.0	0	0.0	0	0.0	5	100
19-24 months	2	33.3	2	33.3	2	33.3	0	0.0	0	0.0	6	100

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**Table 5.7. Transitional Living Services**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	8	34.8	2	8.7	1	4.3	0	0.0	0	0.0	12	52.2	23	100
1-6 months	1	14.3	0	0.0	5	71.4	1	14.3	0	0.0	0	0.0	7	100
7-12 months	0	0.0	0	0.0	4	44.4	4	44.4	1	11.1	0	0.0	9	100
13-18 months	0	0.0	0	0.0	3	60.0	2	40.0	0	0.0	0	0.0	5	100
19-24 months	0	0.0	0	0.0	3	50.0	2	33.3	0	0.0	0	0.0	6	100

# CMI Employment/ Community Integration Services

**Black River Industries  
Medford, WI**

## **Description of Community and Agency<sup>27</sup>**

Medford is a town of 4,500 persons situated in Taylor County, in North Central Wisconsin. The town has over 5,000 jobs with some of the major industries being wood door and window manufacturing, frozen pizza manufacturing, lumber processing, pulp wood processing, logging, transportation, retail trade, and tourism. Taylor County has a population of 18,500. Much of the county is occupied by national forest land. Unemployment is very low.

Black River Industries (BRI) started as a day activity center for persons with mental retardation and/or developmental disabilities. Until 1989 the organization provided basic day service activities. Between 1989 and 1991, Black River Industries obtained several large subcontracts from Weather Shield and Phillips Plastics companies. The workshop now employs 75 persons, some of whom are not disabled, during the day. They also operate a second shift (4 to 8 hours) that employs another 20 persons from the community. In 1989 they also received a Division of Vocational Rehabilitation grant to start supported employment. Ten consumers were employed at individual supported sites in the community; most had mental retardation as a primary disability.

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<sup>27</sup> All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

The facility is housed in a 3-year-old building in an industrial area. Black River Industries is associated with the Catholic Charities Bureau that provides the payroll, accounting services, grant writing, funding assistance, and management assistance.

At the start of the Diffusion Network Project, Black River Industries' management were attempting to change the image of the facility from a place "where persons go to learn" to a successful business. Organization, philosophy, and goals were influenced by the affirmative industry ideas of John DuRand. However, at the same time the organization has moved steadily into supported employment.

### **Description of Consumers and Staff**

This program was involved in the Diffusion Network Project from February 1, 1992, to October 1, 1993. During this data collection period, the program had contact with 11 persons with a psychiatric disability. Ten of these 11 persons that remained in the program received significant services (Table 6.1). Six of the 10 consumers were women, most were single, and all were white. At program entry, seven consumers lived in group housing; three lived in supported housing. Most consumers had either schizophrenia or an affective disorder (Table 6.2); half of the group had no secondary disability. Most were referred to the program by the Division of Vocational Rehabilitation, and all were referred for specific employment services, such as job placement, job development, and specific skills training. Eight consumers were not employed in the 2 years prior to program entry.

During the program services were provided by four staff:

<b>Position Title</b>	<b>Full-Time Equivalent</b>
Marketing/Placement Coordinator	.33
Job Coach	.33
Subcontract Supervisor	.10
Director	.10

These staff persons offer services to about five to eight consumers with psychiatric disabilities at one time. The Marketing/Placement Coordinator is responsible for case management, job development and placement, contacts with outside agencies, and record keeping. The job coach offers on-site training and support; the subcontract supervisor gives direct supervision to consumers doing production work. Because Black River Industries is a small organization, staff must be flexible in their job duties. Consumers and staff interaction is respectful, informal, and frequent.

## **Chronically Mentally Ill (CMD) Employment/ Community Integration Services**

The Chronically Mentally Ill Employment/Community Integration Services program was funded during the second year of the Diffusion Network Project for \$10,000. It was the only second-year agency with a program for persons with a psychiatric disability. This program began serving consumers on February 1, 1992; research data were obtained from that date to October 1, 1993. This program still exists and continues to offer employment services to consumers with psychiatric disabilities.

### **Program Goals and Reasons for Employment**

The Employment/Community Integration Program has three basic goals:

1. To assist interested individuals with psychiatric disabilities with employment preparation (e.g., resume writing, job seeking skills, job selection, interviewing skills.)
2. To attain employment for individuals with a psychiatric disability.
3. To assist each individual with community integration.

Because of the cyclical nature of their psychiatric disability, some consumers are not able to maintain a job over a long period of time. This cycle of employment-unemployment can cause a loss of self-worth. However, support on a job can result in an increase in self-esteem and a feeling of productivity. Employment helps to decrease the amount of time that person may withdraw or isolate himself/herself. Having a job coach helps to keep people from misconceiving events at work and, therefore, makes it a more stable environment. At work consumers meet new people and have the opportunity to develop new relationships.

The program staff and consumers with limited job market exposure cooperate in obtaining a new job for the consumer.

This, along with community support workers, makes a great difference in allowing the individual more social and recreational outlets. By having a job and the support of this program, persons with psychiatric disabilities experience many positive changes in their life.

### **Process**

In every step of this program, the consumer and staff develop their own plan. Consumers are initially selected from Black River Industries' consumers in other programs or are referred by county human services. If a consumer is interested in the program, an initial visit is set up between each interested consumer and the Taylor County Human Services. During this visit, the placement coordinator explains the program and discusses with the consumers their interest in entering the program.

Next, the consumer meets with staff at Black River Industries. During this visit the

placement coordinator further explores the consumer's interests. Also, a tour of Black River Industries is offered and employment in the workshop made available to individuals who feel that this would help them develop better job skills. At that point, consumers interested in going into the placement program are introduced to the Division of Vocational Rehabilitation counselor, who does an in-take interview with the person. A meeting follows and the placement coordinator, case manager, and the vocational rehabilitation counselor discuss the consumer's case. The placement coordinator and consumer start working on employment preparation. A job placement plan is developed to fit each individual's needs. Training in the areas of resume writing, interviewing, and job seeking will sometimes follow.

During job development, the employer is informed of the consumer's psychiatric disability and the positive results of hiring the consumer.<sup>28</sup> Upon placement, an appropriate amount of job coaching is provided to ensure that the job is learned properly and that the consumer is integrated into the job environment. As the consumer continues on the job, the job coach, the placement coordinator, and the staff from Human Services continue follow-up services, not only with the consumer but also with the employer, fellow employees, family, and friends. This develops a strong network of individuals who help with job and community integration. Each consumer needs different amounts of follow-up. A minimum of 2 to 3 years of follow-up with the employer and consumer is planned. Both consumer and staff will decide when these support services will end.

### **Cooperation With Other Service Providers**

Black River Industries has a very good working relationship with the human services and vocational rehabilitation agencies. A Division of Vocational Rehabilitation counselor travels to the site about one day each week, where he uses an office in the Black River Industries building to meet with consumers. This results in a close working relationship. Taylor County Human Services also works closely with Black River Industries. County social workers and Black River Industries staff meet regularly to discuss each consumer. Most independent living and community integration services are offered by the county human services. Because of the small size of all organizations involved and because of close personal contact between service providers, communication is excellent. Each consumer has the support of a job coach, job placement coordinator, case manager, and a community support worker. This group is in constant communication regarding the consumer, attempting to make community-based employment and community integration work together.

### **Services Provided**

Black River Industries staff provided an total of 10.71 mean hours per week of service in all categories to each consumer (Table 6.5; Figure 6.1<sup>29</sup>). The majority of service hours (mean = 12.55) were in employment related services. Pre-employment services were provided

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<sup>28</sup>Because of the size of the community, most persons with psychiatric disability are already known to employers. Because this does not permit the consumer the option of "hiding" his/her disability, staff believe that this direct approach should be used.

<sup>29</sup>See Appendix A for description of service categories.

for only 12 weekly time periods; consumers participated in these services for slightly over 8 hours per week.

Community integration mean weekly hours of services (mean = 0.51) were relatively low, reflecting the program's dependence upon and cooperation with human services in providing independent living and community integration services. Finally, indirect services were held to less than half an hour per week (mean = 0.37). In summary, the emphasis of the program was offering direct employment services to consumers; most likely the two specific services were supervision in sheltered production and job coaching.

### Outcomes

Outcomes for the CMI Employment/Community Integration Services program were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to Black River Industries staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.
2. Information is presented in either 4- or 6-month time periods. These offer a way of estimating how consumers changed over two separate time periods: at 4-month intervals after entering program entry date (Document 4) and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for privacy, selection of friends, and involvement in organizations.<sup>30</sup>

### Employment Outcomes

At the time of program entry, all 10 consumers were unemployed (Table 6.6). As time

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<sup>30</sup>These two composite scores were independent of each other. A Pearson r correlation for all consumers in the Diffusion Network Project was only .06.



progressed, there was a clear trend for the consumers to become employed in supported and sheltered employment, and, finally, to move into competitive employment. Throughout the program, some consumers were employed part-time both at Black River Industries and in individual supported employment jobs in the community. There were three reasons for this dual employment: (a) Some consumers wanted to work more hours than what their supported job provided, (b) some consumers needed the money from a second job, and (c) a few consumers were transitioning from sheltered employment to individual supported employment. Consumers employed in the community were employed as a laborer in a cheese factory, paper shredder in a bank, fast food worker, and janitor.

Wage and hour data were obtained from consumers every 4 months from the time they entered the program. The average consumer worked 247.25 hours during all 4-month periods; hours worked ranged from 54 to 599. During the same 4-month periods, each consumer earned an average of \$1,148.16. There were no significant differences between either wages earned or hours worked during the three 4-month follow-up periods. This resulted in a mean hourly wage of \$4.64; the mean hours worked per week was 15.45. Thus, the average consumer worked part-time and earned about \$71.70 per week. The mean hourly wage was at the minimum wage level. There are two reasons for this: (a) most consumers were working at entry-level jobs, and (b) some consumers were employed in a sheltered environment. In conclusion, consumers were employed part-time in entry-level jobs that showed no increase in either the number of hours worked or the hourly wage earned.

### **Independent Living Outcomes**

Independent living reflects the consumer's housing situation together with future housing goals in relationship to current living arrangements and making decisions about housing. Table 6.7 compares the consumer housing status upon program entry and for three 6-month follow-up periods. Upon program entry, seven consumers lived in group homes and three lived in supported housing. By the time consumers had received services for 6 months, over 80 percent were living independently. The number of consumers responding in the last two 6-month periods is too small to draw any conclusions. However, during the first 6-month follow-up period, consumers were definitely living independently.

The second independent living measure was the composite independent living variable. In comparing these scores during the three time periods, it was found that there were no significant differences in the mean values of the independent living composite variable. This implies that there were no major changes in independent living factors after the consumer entered the program.

### **Community Integration Outcomes**

This outcome was determined by the composite community integration variable defined above. When comparing the community integration scores for the three 6-month periods, no significant differences were found.



## Summary

The program at Black River Industries relied on the close cooperation between the County Department of Human Services and a Division of Vocational Rehabilitation counselor. Throughout the project, communication among these three organizations was excellent and meetings were frequent. The CMI Employment/Community Integration Services program also benefitted from a strong local economy and an organization with an excellent reputation in the community. The program was unique because consumers were able to work both in competitive employment and in non-competitive employment at the same time. This flexibility provided the consumer with extra income and provided Black River Industries with competent workers.

Problems with the program centered around developing individual employment sites and the agency's emphasis on building an affirmative industry. This program continued after the end of the demonstration in October, 1993.

**Table 6.1. Black River Industries**  
**(Based on Information from Document 1)**  
**Basic Consumer Demographics (N=10)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	4	40.0	40.0
Female	6	60.0	60.0
Missing	0	0.0	
Marital Status			
Single	8	80.0	80.0
Married	2	20.0	20.0
Missing	0	0.0	
Racial Status			
Non-White	0	0.0	0.0
White	10	100.0	100.0
Missing	0	0.0	
Living Arrangement			
Highly Controlled	0	0.0	0.0
Group Home	7	70.0	70.0
Supported Care	3	30.0	30.0
Independent	0	0.0	0.0
With Family	0	0.0	0.0
Missing	0	0.0	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	35.70	7.92	26.00	24	50	10
Years of Education Completed	11.56	1.33	4.00	8	12	9

**Table 6.2. Black River Industries**  
**(Based on Information from Document 1)**  
**Disability Variables (N=10)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	1	10.0	10.0
Schizophrenia	4	40.0	40.0
Affective Disorder	4	40.0	40.0
Personality Disorder	0	0.0	0.0
Organic Mental Disorder	0	0.0	0.0
Other Psychiatric Disability	1	10.0	10.0
Missing	0	0.0	
<b>Secondary Disability</b>			
Any Psychiatric Disability	1	10.0	12.5
Traumatic Brain Injury	0	0.0	0.0
Chemical Dependency	1	10.0	12.5
Mental Retardation	0	0.0	0.0
Physical Disability	1	10.0	12.5
Learning Disability	0	0.0	0.0
Other, Specific	0	0.0	0.0
No Secondary Disability	5	50.0	62.5
Missing	2	20.0	
<b>Referral Agency</b>			
Vocational Rehabilitation	7	70.0	70.0
Mental Health Agency	3	30.0	30.0
Other Program, Same Organization	0	0.0	0.0
Self-Referral	0	0.0	0.0
Other	0	0.0	0.0
Missing	0	0.0	
<b>Reason for Referral to Program</b>			
General Employment Assistance	0	0.0	100.0
Specific Employment Services Needed	10	100.0	0.0
Consumer Wants to Work	0	0.0	0.0
Community Integration	0	0.0	0.0
Other	0	0.0	0.0
Missing	0	0.0	
<b>Prior Services Received</b>			
No Services	5	50.0	50.0
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	5	50.0	50.0
Unknown, Other	0	0.0	

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	25.00	8.70	24.00	15	39	9

**Table 6.3. Black River Industries**  
**(Based on Information from Document 1)**  
**Consumer Employment History for**  
**Two Years Prior to Program Entry (N=10)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	8	80.0	80.0
Clerical	0	0.0	0.0
Retail and Sales	0	0.0	0.0
Care of Others	1	10.0	10.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Plants and Animals	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Construction	0	0.0	0.0
Other Job Classifications	1	10.0	10.0
Job Not Known	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Second Job Held</b>			
No Job	9	90.0	90.0
Clerical	0	0.0	0.0
Retail and Sales	1	10.0	10.0
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Third Job Held</b>			
No Job	10	100.0	100.0
Retail and Sales	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0

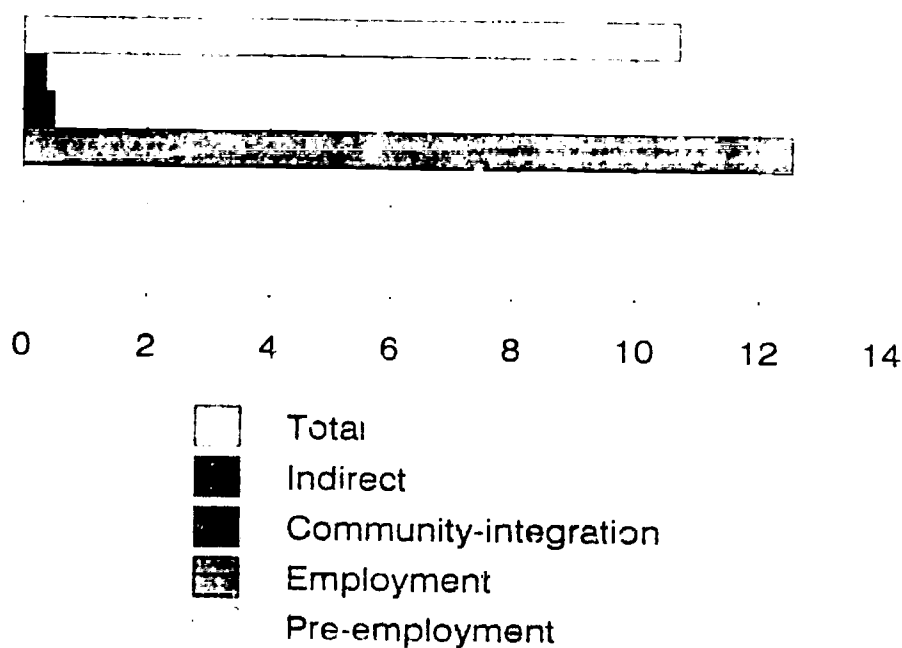
Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	7.43	3.64	5.15	4.85	10.00	2
Job 2	4.25			4.25	4.25	1
Job 3	6.88			6.88	6.88	1
<b>Months of Employment</b>						
Job 1	28.33	36.36	67.00	3	70	3
Job 2	3.00			3	3	1
Job 3	22.00			22	22	1

**Table 6.4. Major Events and Dates for:  
CMI Employment/Community Integration Services  
Black River Industries, Medford, WI**

Major Program Events	Date
<p><b>Calendar Year 1992.</b> Site selected for Diffusion Network Project.</p> <p>CMI Employment/Community Integration Program starts.</p> <p>Initial technical assistance visit; meet with consumers, Taylor County Department of Human Services, Division of Vocational Rehabilitation (DVR), community employers, and Catholic Charities Bureau; data collection begins.</p> <p>Program coordinator receives short-term training in psychiatric disabilities.</p> <p>Six-month consumer interview and technical assistance visit; site needs to establish consumer advisory board; some problems with stigma within the community; DVR staff person responsible for Taylor County transferred, marking the start of some eligibility problems.</p>	<p>January 24, 1992</p> <p>February 1, 1992</p> <p>February 25, 1992</p> <p>April 5-7, 1992</p> <p>August 24, 1992</p>
<p><b>Calendar Year 1993.</b> Technical assistance training on medications for persons with psychiatric disabilities and job placement.</p> <p>Six-month consumer interview and technical assistance visit; most consumers employed in a combination of community-based and sheltered employment; problems with DVR being certified to develop work adjustment plans.</p> <p>Six-month consumer interview and technical visit; lack of job development and placement; site has gradually shifted toward a strong workshop program that will become an affirmative industry.</p> <p>Data collection ends; program continues.</p>	<p>September 11, 1993</p> <p>February 19, 1993</p> <p>July 16, 1993</p> <p>October 1, 1993</p>

**Table 6.5. Black River Industries**  
**(Based on Information from Document 2)**  
**Descriptive Statistics for Weekly Hours of Service by**  
**Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	8.10	6.88	19.00	0.25	19.25	12
Employment	12.55	7.86	32.75	0.25	33.00	307
Community Integration	0.51	0.45	2.25	0.25	2.50	60
Indirect	0.37	0.24	2.25	0.25	2.50	384
Total	10.71	8.56	33.00	0.25	33.25	385



**Figure 6.1**  
**Black River Industries**  
**Mean Weekly Hours of Service**

Table 6.6. Black River Industries  
(Based on Information from Documents 1 and 3)  
Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	0	0.0	0	0.0	10	100.0	0	0.0	0	0.0	10	100
1-6 months	0	0.0	5	83.3	0	0.0	1	16.7	0	0.0	6	100
7-12 months	0	0.0	3	75.0	1	25.0	0	0.0	0	0.0	4	100
13-18 months	2	66.7	1	33.3	0	0.0	0	0.0	0	0.0	3	100



**Table 6.7. Black River Industries**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	0	0.0	7	70.0	3	30.0	0	0.0	0	0.0	0	0.0	10	100
1-6 months	0	0.0	0	0.0	1	16.7	5	83.3	0	0.0	0	0.0	6	100
7-12 months	0	0.0	0	0.0	0	0.0	2	50.0	2	50.0	0	0.0	4	100
13-18 months	0	0.0	0	0.0	1	33.3	1	33.3	1	33.3	0	0.0	3	100

2.0

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# Coordinated Employment Services

Functional Industries  
Wright and Sherburne Counties  
Buffalo, MN

## Description of Community and Agency<sup>31</sup>

Wright and Sherburne counties are west and northwest of greater Minneapolis. While the eastern sections of these counties are in the metro area, the western parts are rural. Wright County has a population of 70,000; Sherburne County's is 50,000. About 50 percent of the counties' working population commutes to the Twin Cities. Most local communities are centers for retail and services. However, there is considerable light manufacturing in the following areas: woodworking, windows, precision/machining, tools, machine tools, garments, and computer equipment. Other industries include pizza factories, coupon redemption houses, greenhouses, and egg processors.

Functional Industries is a private nonprofit organization located in Buffalo, Minnesota. The organization is housed in a fairly new building that provides offices and subcontract work areas; it also has a new center, The Jacob's Center, for persons who are very severely mentally retarded. At the start of the project, Functional Industries served about 176 consumers with approximately 30 staff in the following programs: (a) 110 consumers in extended employment, (b) 27 in work adjustment, (c) 20 in supported employment, and (d) 30 consumers in a combination of supported and sheltered employment programs. About 25 persons had

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<sup>31</sup> Also source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

psychiatric disabilities as their major disability; most of the remaining consumers were diagnosed mentally retarded or developmentally disabled.

### **Description of Consumers and Staff**

During the data collection period, between the program start on March 11, 1992, and September 31, 1993, the Functional Industries program had contact with 61 persons. Significant services were provided to 52 persons, making this the largest program in the Diffusion Network Project (Table 7.1). Services were provided to 33 women and 18 men, most of whom were single and white; this was the only program in the Diffusion Network Project to serve more women than men. As with other programs, consumers had a mean level of education of slightly above high school graduation. At program entry, 15 consumers were living in controlled housing, and 20 were living independently.

The primary disability of most consumers was either schizophrenia or an affective disorder (Table 7.2). The most common secondary disabilities were mental retardation, another psychiatric disability, and chemical dependency. The majority of the consumers were referred from mental health services in the two counties for "general employment assistance." Finally, none of the consumers had received any employment services prior to program entry. Eighty percent of the consumers did not work for 2 years prior to entering the program (Table 7.3). Those who were employed worked locally in a variety of jobs that reflected the diverse employment in the two counties. The mean hourly wage was \$5.09; slightly above minimum wage. Wages ranged between \$3 and \$7.75. The \$3 figure indicates that one or more of the consumers were employed in sheltered or other protected environment.

During the project there was a major change in program staffing. At the start of the program, services were provided by a full-time case manager, a half-time assistant with placement, and job coaching services provided as needed by the Functional Industries. In November, 1992, the staffing patterns were changed to include the following persons:

<b>Position Title</b>	<b>Full-Time Equivalent</b>
Project coordinator	.75
Job placement specialist	.60
Project assistant	.50

### **Wright and Sherburne Counties Coordinated Employment Services**

The Functional Industries program was funded in December, 1991 for \$60,000 by the Division of Rehabilitation Services and the Mental Health Division of the State of Minnesota

(Table 9.4). This program and three other programs<sup>32</sup> were to develop new community-based employment services with persons having severe psychiatric disabilities. The Diffusion Network Project, under contract with each program, provided training, technical assistance, information, research activities, and coordination with the three other programs. Diffusion Network Project, Division of Rehabilitation Services, and Mental Health Division staff worked closely with each program. Research results were provided to the Minnesota State legislature. The project was refunded at the same level for the 1993 calendar year.

As seen on Table 7.4, the Functional Industries program was in reality two programs: (a) the original funded in December, 1991, and (b) the redesigned program after all the original program staff left in November, 1992. The program described below is the re-designed program that went into effect in December, 1992. This program is still in operation.

### **Project Goals and Objectives**

The following goals provide overall guidance to the program:

1. To place one consumer per month in (competitive) employment.
2. To create follow-up services as needed to maintain employment.
3. To develop access to the service system, minimizing time delays of the current systems.
4. To develop access to services without first having received services in traditional systems.

### **Staffing**

The program is staffed by three persons:

1. Project Coordinator. Performs all case service functions, referral, intake and assessment, program planning, and support service determination; coordinates the Advisory Committee; and supervises the project assistant.
2. Job Placement Specialist. Performs all job development and placement functions including initial employer contact, functional job analysis, negotiating with employer, working with consumer to determine level of interest in the job, and assisting the consumer in interviewing for a job.
3. Project Assistant. Provides job coaching to learn job and/or to manage behavior; offers follow-up services to consumer, employer, and support services.

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<sup>32</sup> The other three organizations were Scott County Human Services, Human Resources Associates, and K.C.Q., Inc. Each of these is described separately.

## Program

Consumers are admitted to the program through a Screening Committee composed of Functional Industries program staff, Division of Rehabilitation Services counselors, and mental health social workers from Wright and Sherburne Counties. The purposes of the committee are to select consumers who will benefit the most from the program and to keep the number of consumers low enough so that staff and consumers have enough time to develop individual programs and cooperate on individualized services. This decision came about from experience with the original program in which high staff to consumer ratios at times reduced the quality of consumer services and slowed consumer progress.

Information about each consumer is placed in a standardized format and the consumer's case is presented to the committee by the member who best knows the consumer. After a consumer is selected, a collaborative agreement for funding and other support is signed by all involved parties. In order to insure maximum consumer involvement, various funding strategies were developed.<sup>33</sup>

**Strategy 1: State Grant.** Consumer and staff develop an Individual Placement Plan with all expenses paid by the State of Minnesota grant.

**Strategy 2: State Grant and County Funding.** The consumer, program, and county develop an Individual Support Plan (ISP) and an Individual Placement Plan (IPP). All expenses are paid for by either the county and/or State of Minnesota grant.

**Strategy 3: Division of Rehabilitation Services, County, and State Grant.** The consumer is eligible for Division of Rehabilitation Services funding. An Individual Written Rehabilitation Plan, Individual Support Plan, and an Individual Placement Plan are developed by the consumer, county, vocational rehabilitation, and the Wright and Sherburne Counties Coordinated Employment Services. Vocational Rehabilitation pays for training and placement while the county or State of Minnesota grant pays for follow-up services.

**Strategy 4: Division of Rehabilitation Services and State Grant.** The consumer meets Division of Rehabilitation Service eligibility requirements. An Individual Written Rehabilitation Plan and an Individual Placement Plan are developed by the consumer, the Coordinated Employment Services program, and vocational rehabilitation. Training, job development, and placement are paid for by the Division of Vocational Rehabilitation; follow-up is paid for by the State of Minnesota grant.

Regardless of the funding strategy, individualized plans are developed by consumer and staff. These plans specify services that are offered in order determined during planning and for

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<sup>33</sup>The reader will note that the State of Minnesota grant provision for funding was continued for one more year following the end of the Diffusion Network Project.

as long as desired by the consumer. Each of these services is briefly defined below:

1. Individual Supported Employment. Consumers are placed on jobs that consumers and service provider agree match their interests and abilities. Job coaching is commonly used and follow-up services are provided.
2. In-House Employment. Noncompetitive employment is offered to consumers on a short-term basis if considered necessary; this is considered to be a "last resort."
3. Enclaves. Several enclaves (i.e., clerical, greenhouse, and janitorial) offer group work experiences. Consumers and an on-site supervisor work together to perform contract jobs.
4. Job Development and Placement. The placement specialist works with public and private employers to develop new jobs or place persons in existing jobs in keeping with consumer interests and needs. As with other services, consumers and staff agree on specific jobs before job development or placement occurs.
5. Job Club and Support. Employed consumers receive after-hours support through a job club. In this club, consumers and a staff person can discuss experiences, receive help and feedback to solve individual problems, and offer support to other group members.
6. Job Seeking Skills. Resume writing, interviewing, and job search techniques are taught to enable consumers to access jobs on their own.

### Networking With the Community

The Functional Industries program covers two large counties, works with two Division of Rehabilitation Services offices, and cooperates with two county mental health services. Because of this multi-county involvement, the program spends considerable time networking with other organizations. One example of the coordination process is the Screening Committee described above. Other networking includes:

1. Job Pool. The program, in conjunction with seven other programs (e.g., high schools, Private Industry Council), operates a job pool that shares employment leads and selects consumers most appropriate for the jobs.
2. Business Advisory Group. Functional Industries has a single business advisory group for all programs. This group helps in developing job leads and in achieving compliance with the Americans with Disabilities Act.
3. Consumer Advisory Group. This group advises program staff on the program in general, specific services offered, and consumers' concerns and issues.



## Services Provided

Pre-employment services, such as job seeking skills, were provided for an average of 1.43 hours per week for a total of 180 consumer-weeks (Table 7.5; Figure 7.1<sup>34</sup>). Direct employment services were provided an average of 2.02 hours per week for only 90 person-weeks. This implies that service provision centered more on working with the consumer on pre-employment skills than on support after the consumer had been hired. Consumers obtained community support for slightly over one hour per week (mean = 1.05 hours); less than one hour of indirect services were provided (mean = .79 hours). The indirect mean of less than one hour could reflect the lack of job development and job placement that occurred during the time between March and November, 1992 (Table 7.4).

## Outcomes

Outcomes for the Functional Industries program were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to Functional Industries staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.
2. Information is presented in either 4- or 6-month time periods. These offer a way of estimating how consumers changed over two separate time periods: at 4-month intervals after entering program entry date (Document 4) and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for privacy, selection of friends, and involvement in organizations.<sup>35</sup>

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<sup>34</sup>See Appendix A for description of service categories

<sup>35</sup>These two composite scores were independent of each other. A Pearson *r* correlation for all consumers in the Diffusion Network Project was only .06



## Employment Outcomes

Upon program entry, five consumers were competitively employed, while another five were employed in supported or sheltered employment (Table 7.6). Although 46.2 percent of the consumers are listed as being unemployed, judging from the missing data and the 42 consumers listed as not working for 2 years prior to program entry on Table 7.3, the actual number of unemployed consumers was about 80 percent. Between program entry and the 1-6 month follow-up, 31 consumers (i.e., 52 minus 21) dropped-out of the program. During the 7-12 month follow-up, the number of consumers again dropped from 21 to 7, and then to 4 consumers during the 13-18 month period. This rapid decline of consumers during three follow-up periods does not permit any conclusions to be made about employment outcomes. All that can safely be said is that the consumers had an unusually high drop-out rate.

Wage and hours data were available for a total of *five* consumers for two 4-month follow-up periods. The total mean number of hours worked and the wage data were as follows:

Hours and Wages (n = 5)	Mean
Number of hours worked in 4-month interview times	192.20
Total wage earned in 4-month interview times	\$577.83
Hourly wage earned	\$3.01

Because of the very small sample sizes, no conclusions can be drawn from these means.

## Independent Living Outcomes

At the time of program entry, 20 of the 52 consumers were living independently and 15 were living in some type of controlled housing (Table 7.7). Unfortunately, missing data on 13 consumer makes these results very difficult to interpret. As with the employment data reported above, the number of consumers interviewed was reduced by over half between program entry and the 1-6 month follow-up period; the sample size had dropped by two-thirds to seven consumers by the next follow-up period. However, there appeared to be trends away from highly controlled housing and group homes toward supported housing and independent living. This shift during the first six months in the program is consistent with findings reported by other programs serving persons with psychiatric disabilities.

The second measure of independent living was a composite independent variable developed from the responses to Document 3. The mean scores for the three 6-month periods were as follows:

Six Month Follow-up Periods	Number	Mean	Standard Deviation	Range
1-6 Months	21	5.00	1.87	1-9
7-12 Months	7	4.57	1.90	2-7
13-18 Months	4	3.00	0.00	3

Although there was no significant difference ( $F = 2.13$ ;  $df = 2$ ;  $p = .14$ ) between the composite independent living variable during these three follow-up periods, the mean scores declined over time. This is in contrast to the apparent increase in the percent of consumers living independently.

### Community Integration Outcomes

Community integration includes the ability to make personal decisions about choosing friends, participating in community activities, right to privacy, and assistance in housing. As found in most other programs, consumers in the Wright and Sherburne Counties Coordinated Employment Services had freedom in selecting friends, and their right to privacy was respected. Religious events and self-help groups were the major social outlets. In comparing the consumers' community integration by the three 6-month time periods, it was found that there were no significant differences between time periods. In other words, the consumers were no more integrated into the community after 18 months in the program than what they were during their first 6 months in the program.

### Summary

The Wright and Sherburne Counties Coordinated Employment Services Program was in reality two distinct programs. The first was the program described in its original application for a State of Minnesota grant and operated until September, 1992. During that time there were many problems with inter-agency cooperation, job development, funding for consumer long-term support, and Functional Industries administration. These combined problems led to the resignation of two direct service staff in September, 1992, and a redesigned program emerged.

By November, 1992, three new staff were hired (Table 7.4). State of Minnesota, Division of Rehabilitation Services, and Mental Health Services staff worked with the new staff to develop the new program and to increase cooperation among organizations. The revised program started in December, 1992. The new program emphasized cooperation, funding flexibility, and job development. The new program functioned with a reasonable degree of success during calendar year 1993. The program continued after data collection for the Diffusion Network Project ended in October, 1993.

Because of missing data, small sample sizes, and a drastic drop in the number of consumers involved in follow-up interviews, the follow-up data on employment, independent

living, and community integration were difficult to interpret. Because of these problems, the effectiveness of the program cannot be determined.

**Table 7.1. Functional Industries**  
**(Based on Information from Document 1)**  
**Basic Consumer Demographics (N=52)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	18	34.6	35.3
Female	33	63.5	64.7
Missing	1	1.9	
Marital Status			
Single	36	69.2	87.8
Married	5	9.6	12.2
Missing	11	21.2	
Racial Status			
Non-White	1	1.9	2.4
White	40	76.9	97.6
Missing	11	21.2	
Living Arrangement			
Highly Controlled	2	3.8	5.1
Group Home	11	21.2	28.2
Supported Care	2	3.8	5.1
Independent	20	38.5	51.3
With Family	3	5.8	7.7
Missing	14	26.9	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	35.27	9.61	34.00	21	55	41
Years of Education Completed	12.23	2.31	12.00	7	19	39

**Table 7.2. Functional Industries**  
**(Based on Information from Document 1)**  
**Disability Variables (N=52)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	0	0.0	0.0
Schizophrenia	13	25.0	30.2
Affective Disorder	21	40.4	48.8
Personality Disorder	4	7.7	9.3
Organic Mental Disorder	0	0.0	0.0
Other Psychiatric Disability	5	9.6	11.6
Missing	9	17.3	
<b>Secondary Disability</b>			
Any Psychiatric Disability	6	11.5	18.2
Traumatic Brain Injury	0	0.0	0.0
Chemical Dependency	6	11.5	18.2
Mental Retardation	7	13.5	21.2
Physical Disability	2	3.8	6.1
Learning Disability	0	0.0	0.0
Other, Specific	2	3.8	6.1
No Secondary Disability	10	19.2	30.0
Missing	19	36.5	
<b>Referral Agency</b>			
Vocational Rehabilitation	10	19.2	27.8
Mental Health Agency	25	48.1	69.4
Other Program, Same Organization	1	1.9	2.8
Self-Referral	0	0.0	0.0
Other	0	0.0	0.0
Missing	0	0.0	
<b>Reason for Referral to Program</b>			
General Employment Assistance	22	42.3	64.7
Specific Employment Services Needed	0	0.0	0.0
Consumer Wants to Work	10	19.2	29.4
Community Integration	0	0.0	0.0
Other	2	3.8	5.9
Missing	18	34.6	
<b>Prior Services Received</b>			
No Services	51	98.1	98.1
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	1	1.9	1.9
Unknown, Other	0	0.0	0.0

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	28.00	24.11	49.00	1	50	26

**Table 7.3. Functional Industries**  
**(Based on Information from Document 1)**  
**Consumer Employment History for**  
**Two Years Prior to Program Entry (N=52)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	42	80.0	80.0
Clerical	1	1.9	1.9
Retail and Sales	2	3.8	3.8
Care of Others	0	0.0	0.0
Food Service	2	3.8	3.8
Food Processing	0	0.0	0.0
Building Maintenance	1	1.9	1.9
Plant and Animals	1	1.9	1.9
Manufacturing	3	5.8	5.8
Transportation	0	0.0	0.0
Construction	0	0.0	0.0
Other Job Classifications	0	0.0	0.0
Job Not Known	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Second Job Held</b>			
No Job	52	100.0	100.0
Clerical	0	0.0	0.0
Retail and Sales	0	0.0	0.0
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Third Job Held</b>			
No Job	52	100.0	100.0
Retail and Sales	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0

Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	5.09	1.61	4.75	3.00	7.75	9
Job 2						
Job 3						
<b>Months of Employment</b>						
Job 1	12.77	12.15	43.00	2	45	13
Job 2						
Job 3						

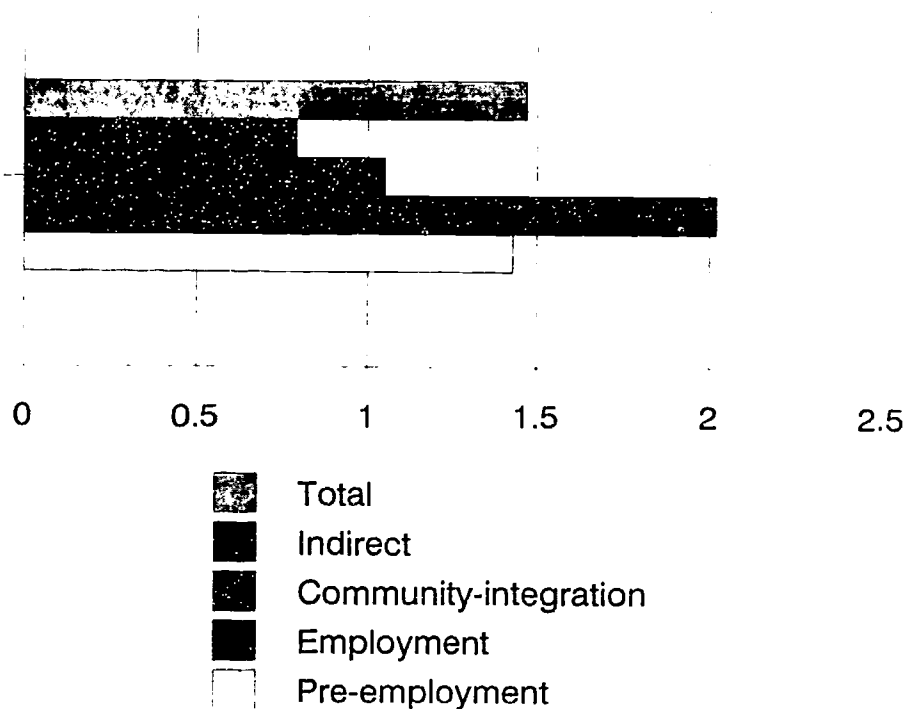
**Table 7.4. Major Events and Dates for:  
Wright and Sherburne Counties Coordinated Employment Services  
Functional Industries, Buffalo, MN**

Major Program Events	Date
<b>Calendar Year 1991.</b> Site awarded 2-year grant by State of Minnesota Departments of Employment and Human Services.	December 15, 1991
<b>Calendar Year 1992.</b> Introductory meeting of four sites in Minnesota project, State of Minnesota staff/consultants, and DNP staff; present DNP project, technical assistance, data collection, and work relationships.	January 28, 1992
Initial technical visit with State of Minnesota consultants; two Functional Industries staff present; site to meet with two county coordinating committee on March 11, 1992.	March 2, 1992
Wright and Sherburne Counties Coordinated Employment Services program starts; data collection begins.	March 11, 1992
Training session for the four Minnesota project sites on job development, establishing community supports, follow-up and follow-along services, and working with business and consumer advisory groups.	April 15-16, 1992
Meeting with program staff; concerns over lack of cooperation between Department of Rehabilitation Services (DRS) and county mental health; consumer/staff ratio too high; lack of support from some staff.	June 25, 1992
Quarterly meeting of Minnesota project sites dealt with new or continuing technical assistance needs; data collection issues; announcement of application for continuation grants by State of Minnesota.	August 20, 1992
Six-month consumer interview and technical assistance visit; lack of cooperation reported between Functional Industries, DRS and county mental health.	August 26-27, 1992
Resignation of Program Coordinator and Program Assistant; over emphasis on work crews.	September 15, 1992
Quarterly meeting of Minnesota project sites; training on chemical dependency and mental illness; project updates.	November 13, 1992
Three new staff hired: Director of Rehabilitation, Case Manager, and Placement Specialist; in effect, the program starts over again with a revised agenda.	November, 1992
<b>Calendar Year 1993.</b> Site visit to meet new staff, determine technical assistance needs, and to document program changes.	January 12, 1993
Six-month consumer interview and technical assistance visit; program back on track and making progress.	March 5, 1993
Six-month consumer interview and technical assistance visit; program stabilized; two post-placement support groups started.	July 22-23, 1993
Data collection ends; program continues.	October 1, 1993



**Table 7.5. Functional Industries**  
**(Based on Information from Document 2)**  
**Descriptive Statistics for Weekly Hours of Service by**  
**Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	1.43	2.26	21.75	0.25	22.00	180
Employment	2.02	2.98	14.75	0.25	15.00	90
Community Integration	1.05	0.88	3.75	0.25	4.00	155
Indirect	0.79	1.04	20.50	0.25	20.75	667
Total	1.47	2.03	21.75	0.25	22.00	770



**Figure 7.1**  
**Functional Industries**  
**Mean Weekly Hours of Service**

**Table 7.6. Functional Industries**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals**

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	5	9.6	5	9.6	24	46.2	0	0.0	18	34.6	52	100
1-6 months	1	4.8	4	19.0	14	66.7	2	9.5	0	0.0	21	100
7-12 months	4	57.1	2	28.6	1	14.3	0	0.0	0	0.0	7	100
13-18 months	0	0.0	2	50.0	2	50.0	0	0.0	0	0.0	4	100

**Table 7.7. Functional Industries**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	2	3.8	11	21.2	2	3.8	20	38.5	3	5.8	14	26.9	52	100
1-6 months	0	0.0	0	0.0	3	14.3	14	66.7	4	19.0	0	0.0	21	100
7-12 months	0	0.0	0	0.0	1	14.3	6	85.7	0	0.0	0	0.0	7	100
13-18 months	0	0.0	0	0.0	1	25.0	3	75.0	0	0.0	0	0.0	4	100

# Transitional Employment Options

**Productive Alternatives  
Fergus Falls, MN**

## **Description of Community and Agency<sup>36</sup>**

Fergus Falls is located in West Central Minnesota with a population of about 15,000. The area around Fergus Falls is rural and is rich in farms and lakes. The local economy consists largely of retail trade, agriculture, light manufacturing, and tourism. In addition, the state of Minnesota has a Regional Treatment Center for persons with psychiatric disabilities and/or chemical dependency.

Productive Alternatives is a private non-profit agency that started as a sheltered workshop for persons with developmental disabilities. In order to serve this section of Minnesota better, the agency established branch offices in four other towns and small cities in the region (i.e., Moorhead, Alexandria, Dent, and Parkers Prairie), providing services to persons with disabilities in an eight-county area. At the start of the Diffusion Network Project, the agency served 88 persons in various in-house programs (e.g., work adjustment, vocational evaluation, and sheltered employment) and 132 persons in off-site programs (e.g., individual placements and enclaves). Over half of the consumers in the agency have mental retardation; the second largest group were persons with psychiatric disabilities. Over 80 full-time and part-time staff provide the following services:

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<sup>36</sup>All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

1. Developmental Program. "This program provides employment related services and community integration services which are identified in an Individual Habilitation Plan that is developed for each client. This program is licensed by the Minnesota Department of Human Services..." (Productive Alternatives, 1991, p. 3).
2. Vocational Evaluation. Consumers are involved in assessments both within the organization and in the community.
3. Work Adjustment Training. This focuses on developing and improving work skills, habits, and attitudes in "preparation for placement in competitive employment, or sheltered employment" (Productive Alternatives, 1991, p. 3).
4. Job Placement. Consumers participate in job seeking skills, placement per se, and follow-up services. In 1991 this was the second largest program in terms of number of consumers served.
5. Transitional Employment Services. This small program offers "training in work skills and habits in a community work setting where permanent placement or supported employment is likely to occur" (Productive Alternatives, 1991, p. 3).
6. Extended Employment. "Two types of extended employment are provided: Sheltered employment for those who unable or choose not to work in the regular labor market. Supported employment is available for those who can and choose to work in the regular labor market but need on-going support and supervision to function. Most clients split their working time between sheltered and supported employment" (Productive Alternatives, 1991, p. 3). Fifty-five percent of the employed hours were sheltered, and 45 percent of the employed hours were in supported employment.

### Description of Consumers and Staff

Between September 1, 1991, and September, 1993, the Transitional Employment Options program saw 40 consumers with traumatic brain injuries and organic mental disorders; 18 of these consumers were involved in the program for different amounts of time. Sixteen of the 18 consumers were males; 15 were single; and 17 were white (Table 8.1). These data agree with other reported studies that persons with traumatic brain injury tend to be young males. Although not reported on Table 8.1, most of the younger consumers were accident victims. There were two older persons in the program. One was a construction supervisor who was injured on the job; the second was a property owner and manager who was injured in a vehicle accident.

Of the 18 who were active in the program, 11 consumers had a traumatic brain injury (Table 8.2). Six had organic brain damage resulting from birth defects, serious illness, or poisonous substances. One person with a personality disorder was misdiagnosed as having a traumatic brain injury. Secondary disabilities consisted mostly of physical and psychiatric disabilities. The Transitional Employment Options program is designed to accept consumers from the Minnesota Division of Rehabilitation Services; as can be seen on Table 8.2 almost all

referrals are from this source and almost all are referred for specific employment services, such as vocational evaluation and placement. Finally, the mean age of onset of the disability was age 20. The minimum onset age of "1" reflects that some consumers were born with organic brain dysfunctions.

Two-thirds of the consumers (Table 8.3) were unemployed for 2 years prior to entering the program. Employed persons worked in retail sales, food service, and building maintenance. The mean hourly wage for those employed was \$5.91, and the average employed consumer held a job for 19 months. The large range and standard deviations for hourly wage and dates of employment were caused by the few older persons having significant work histories.

The program is staffed by three persons, all located in the home office in Fergus Falls. First, the vocational evaluator assesses consumers referred by the Division of Rehabilitation Services. Assessment is based on the referral questions from the vocational rehabilitation counselor. At the beginning of evaluation, the consumer and vocational evaluator review the referral questions and modify these to reflect the consumer's needs. The evaluator also carefully reviews all medical records and talks with each consumer about any injury or illness that could have affected the brain. Following evaluation, a report is prepared for the consumer and the vocational rehabilitation counselor who then uses it as one method of determining eligibility.

The second staff member is the case manager. She and each consumer develop a plan of service with goals and activities to reach these goals. Common goals are learning specific vocational and job seeking skills, obtaining employment in specific areas, and gaining work experience. Some services are offered directly by the case manager and other services are offered either by other Productive Alternatives staff or by staff in other organizations. For example, most independent living services are offered by the county social workers. Typically, the case manager works with about 10 consumers with traumatic brain injury at one time. In addition, she/he provides services to other consumers with mental retardation. The case manager and evaluator travel to the Productive Alternatives site closest to the consumer. The case manager has an intimate knowledge of each consumer that is derived from a mutual respect between her/him and the consumer. She/he maintains close contact with all consumers in the program.

Finally, the project administrator provides leadership to the program, offers direct services to consumers, represents Productive Alternatives at meetings with service providers and the Division of Rehabilitation Services, and assists in data collection.

### **Transitional Employment Options**

This program was funded by the Diffusion Network Project for \$10,000 for the first year of operation. The Transitional Employment Options program began in September, 1991, and continues as of this writing (Table 8.4). Developed to serve persons with traumatic brain injury, this program is one of the few in the Diffusion Network Project without major changes either in program or in personnel. The program is characterized by its emphasis on vocational evaluation and careful case management based on considerable knowledge of the consumers.

## Goal

The goal of Transitional Employment Options is "to assist survivors of TBI with the development of individualized vocational plans while providing [the] supports necessary to maximize employment opportunities and life enhancement skills" (Nelson, 1991, p. 1).

## Consumer Outreach and Referral

Prior to the start of the program in 1991, consumers and professionals were informed about the beginning of the new program by a variety of methods: (a) direct contact with the Minnesota Division of Rehabilitation Services, (b) speaking to county social and case workers, (c) speaking to traumatic brain injury support groups in Moorhead, Alexandria, and Fergus Falls, and (d) speaking with consumers in the St. Luke's Hospital brain injury program. In all meetings, consumers and families discussed ways of contacting the Division of Rehabilitation Services.<sup>37</sup> These efforts identified about 40 persons with traumatic brain injuries.

During initial interviews with Division of Rehabilitation Services, counselors and consumers discussed the vocational rehabilitation process, determination of eligibility, and what services were available through the agency. Some consumers were then referred to Productive Alternatives for vocational evaluation.

## Vocational Evaluation

During vocational evaluation, the evaluator and consumer assessed the consumer's interests, aptitudes, and preferences. Vocational evaluation consists of basic literacy and aptitude tests, work samples, parts of the McCarron-Dial, and situational assessment in the Productive Alternatives workshop or on a community job site. Considerable emphasis is placed on behavioral observations. Evaluations are performed individually and typically take about 30 hours. In Minnesota most evaluations are limited to one week. Early in the program, Diffusion Network Project staff and Productive Alternatives staff developed the following guidelines and suggestions when assessing persons with traumatic brain injury:

1. Because of short-term memory and sequencing problems, the consumer needs to know his/her ability to understand and follow simple and complex instructions.
2. Because persons with traumatic brain injury often are frustrated and angry, a considerable amount of the assessment should focus on the person's behaviors and how the consumer perceives and controls these emotions.
3. The considerable differences between pre-injury and post-injury abilities and levels of functioning may mean that the person can no longer perform work that he/she was once interested in doing. Therefore, the consumer needs to determine his/her new interests.

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<sup>37</sup>Some of the consumers were from North Dakota and were sponsored by that state's Division of Vocational Rehabilitation.



4. The style and type of work supervision and the characteristics of the supervisor are determined by consumer and evaluator.
5. Because of brain injury, vision and hearing may be impaired. During the evaluation, medical records should be carefully reviewed to determine what losses occurred and if the consumer asked about any noticeable loss of these senses. Behavior observations during evaluation should also look for vision and hearing problems.
6. Because consumers may not have been physically active prior to entering the program, consumers need to determine their range of motion and endurance.
7. Transportation is a very critical problem. Consumer and evaluator review transportation needs and possible solutions related to employment.
8. The literature indicates that consumers with traumatic brain injury are more successful when supports are in place. Therefore, part of evaluation is to determine the support networks available to the consumer. These would include both formal and informal supports.
9. Consumers may have problems adjusting to the variety of stimuli in complex environments. This can be evaluated using situational assessment and/or job site evaluation.

Following evaluation, recommendations for vocational objectives are developed by the consumer and staff. At this point the consumer's evaluation outcomes are provided to the vocational rehabilitation counselor. Often the counselor uses this evaluation report to determine eligibility for services. Often the referring counselor, upon reading the evaluation report, decides that the consumer cannot benefit from services, and, thus, the consumer is considered not eligible. As stated above, of the 40 persons referred to the Transitional Employment Options program, only 18 consumers participated in the program. Most of the difference between the referral and service figures were consumers who were evaluated but not considered eligible by the Division of Rehabilitation Services. The vocational rehabilitation counselors are, in actuality, the gatekeepers for this program.

### **Decision Making**

If the consumer is considered eligible for services, the next steps (decided in a staffing) would be followed in which the consumer is the key person. Other decision makers include the evaluator, case manager, placement specialist, consumer's family, and Division of Rehabilitation Services counselor. One of three possible vocational program options is selected:

1. **Vocational Training.** Persons needing vocational training and/or additional services are referred to other providers. For example, one consumer attended Courage Center in Minneapolis to receive training; two attended a state training center; a fourth person returned to college after a 20-year break. Less formal training is available through the transitional employment program operated by Productive Alternatives. Vocational training may also include a brief period of work adjustment in protected

work environments.

2. **Direct Placement.** The job placement specialist and other staff work with employers to either place consumers in existing jobs or develop new jobs. In general, the placement specialists work directly with employers. Some of the situational assessment sites develop into part-time and full-time jobs. Both employers and consumers like this option. Consumers have an opportunity to determine if this really is a job they would like and can perform. Employers have a chance to see if the consumer "fits in" and can perform the job.
3. **Supported Employment.** These are individual, enclave, or mobile crew placements. If this option is selected, an individualized plan for job coaching is developed to estimate the number of hours per week that help is needed and when to gradually fade support. One goal is to have employers assume as much responsibility as they can for training and supporting the new employee. Productive Alternatives has several years of experience with supported employment for persons with mental retardation and found much of that experience was useful in developing sites and providing support for persons with traumatic brain injury.

If either direct placement or supported employment is selected, an informal database of employers and jobs is matched against the needs of the consumer. Although job development and placement activities are generally the same for persons with traumatic brain injury as they are for other disability groups, some additional effort is needed. This comes in the form of informal employer education about the individual with the brain injury. Because many persons with brain injuries do not "look disabled," employers do not expect any problems with learning, retention, affect, or behaviors. The job developer explains that persons with traumatic brain injuries often have problems in these areas and that the problems are often subtle.

### **Independent Living and Integration**

Although Productive Alternatives does not offer many direct independent living and integration services, the program has a close working relationship with Homework Center, an organization providing independent living and community integration services. Homework Center operates a variety of housing options, ranging from live-in staff to independent housing with staff checks. Consumers also use the Homework Center to increase community integration. Productive Alternatives staff are concerned that when persons live alone and are independent, they may not be very active or involved in their community. In spite of problems with appropriate housing and independent living, the organization was able to move many consumers into more integrated housing.

Before the start of the program, Productive Alternatives and the Minnesota Head Injury Association developed a support group of survivors and their families. Many survivors in the group received injuries over 10 years prior to the program and had considerable resentment against vocational rehabilitation, medical, and social welfare staff about lack of adequate care. This group meets once a month and is active in supporting the program.

## Transportation and Rural Life

Ottertail County and surrounding counties do not have public transportation. Consumers often ride a Productive Alternatives bus that runs along fixed routes in Fergus Falls during peak employment hours. Where consumers cannot use this bus, alternate transportation is arranged. Another method of providing transportation is ride sharing with co-workers, family, and friends.

This lack of transportation is a major problem. Consumers cannot move freely within the city of Fergus Falls nor can they move freely between the city and outlying towns and farms. In spite of these problems, Productive Alternative staff want to keep the consumers close to their homes. The general consensus is that rural communities are more accepting of persons with disabilities. Because consumers desire stability in living conditions and local support, a common consumer goal is to obtain placements jobs close to home (e.g. feed mill, garage, and grocery store). Consumers also consider employment on farms. Consumers have suggested jobs tending dairy and beef cattle, hogs, and turkeys. Because consumers with traumatic brain injuries can have problems filtering visual and auditory stimuli, working in a quiet or even isolated environment is preferred by some consumers.

## Services Provided

During the course of the project, staff provided a total average of 8.55 hours of service per week to each consumer (Table 8.5 and Figure 8.1<sup>38</sup>). Most of hours were either in pre-employment or employment services. Less than 2 hours of services per week were provided in community-integration and indirect services. These results correspond to the description of the program given above. In general, the pre-employment hours consisted of vocational evaluation services; the employment hours consisted of job placement, job coaching, and supervision in enclaves and mobile crews. Because most independent living and community services were offered consumers by an another agency, the community-integration hours largely consisted of service coordination and talks with consumers about needed services and consumer perceptions of their progress. Finally, the indirect hours represented mostly job development activities and reporting.

## Outcomes

Outcomes for the Transitional Employment Options' program were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to Vocational Options Model staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4. The general procedures were the same in measuring each outcome:

1. When possible and applicable, information provided by consumers upon program

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<sup>38</sup>See Appendix A for description of service categories.

entry (Document 1) was compared with information given by consumers in Documents 3 and 4. However, because of the amount of missing data in Document 1, many comparisons could not be made.

2. Information is presented in either 4- or 6-month time periods. These offer a way of estimating how consumers changed over two separate time periods: at 4-month intervals after entering program entry date (Document 4), and at 6-month intervals, regardless of entry date (Document 3).
3. Outcome measures were kept to a minimum. Employment outcomes were determined from the following variables: employed/unemployed, job type, hours worked, and hourly wages. Independent living and community integration outcomes were determined by single composite scores derived from the Document 3 items. The independent living score was determined from the following variables: type of housing in terms of freedom and support, relationship of housing to independent living goals, decisions made about type of housing, and progress toward independent living. Community integration was determined by living arrangements, respect for privacy, selection of friends, and involvement in organizations.<sup>39</sup>

### Employment Outcomes

Only 2 of the 18 consumers were employed when they entered the Transitional Employment Options program (Table 8.6). One consumer was employed in competitive employment (retail sales) and one in sheltered employment.

During the three 6-month data collection periods, the pattern of employment shifted from unemployment to supported and sheltered employment. During their first 6 months in the Transitional Employment Options program, five consumers were hired in supported employment or sheltered work and one person was hired in competitive employment. The supported employment sites were enclaves located in the county recycling center and an industrial enclave in a cabinet-making company; the person in competitive employment was in retail sales. As the 6-month periods progressed, the number of consumers active in the program declined. It is obvious that those who were unemployed tended to drop-out of the program. Thus, the gains in the percentages of persons employed were the result of unemployed persons leaving the program. By the 13- to 18-month period, no one was employed competitively.

Employed consumers worked an average of 412.21 hours and earned an average \$1,150.69 during each 4-month period. This translates into approximately 25.76 hours of work each week with a weekly gross wage of \$71.92 (i.e., \$2.79 per hour). Analyses of variance compared total hours worked and total wages during seven 4-month follow-up periods found no significant differences. Thus, there were no significant increases in either the number of hours or in wages during the consumer's employment.

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<sup>39</sup>These two composite scores were independent of each other. A Pearson r correlation for all consumers in the Diffusion Network Project was only .06.

## **Independent Living Outcomes**

These outcomes centered on the consumer's housing situation and any changes in an independent living composite score. The type of housing that the consumer lived in upon program entry and during the three 6-month follow-up periods is presented on Table 8.7. During the time of the study, there was a gradual shift from restrictive to less restrictive housing. The number of persons in supported housing and in highly controlled housing declined as the number of persons living independently rose slightly. Once again, these figures are open to question because of the small number of consumers in the program during the 7-12 month and the 13-18 month periods.

The composite independent living index for the three 6-month follow-up periods did not differ significantly over time. Thus, while there was a shift toward increased independent housing, this change was not significant.

## **Community Integration Outcomes**

The community integration composite variable was derived from consumer responses to Document 3 items asking about participation in community organizations, friends in the community, respect for privacy, and assistance with housing. As with all other programs in the Diffusion Network Project, the consumers' rights to privacy and to choose their own friends were overwhelming protected. The community integration composite scores did not change significantly from one 6-month period to another. This implies that consumers remained at the same low-level of community integration throughout their time in the program.

## **Summary**

Within the Diffusion Network Project, the Transitional Employment Options was unique in that it put a considerable emphasis on the initial vocational evaluation and the planning that followed this evaluation. It was fairly common for each person's evaluation to take between 3 and 5 days. Close working relationships between the program staff and Productive Alternatives' high visibility in a seven-county area helped contribute to the program's success. Of the problems encountered by project staff, funding problems with the Division of Vocational Rehabilitation were the most serious. In spite of the order of selection, initial assurances of cooperation on both long-term funding, and funding for specific services, the Division of Rehabilitation Services became more hesitant to approve expenditures for consignors, especially for neuro-psychological examinations and long-term support. This problem seriously interfered with the flow of consumers during the last 12 months of the program. This lack of stable long-term funding for consumers resulted in the program's financial inability to develop new jobs, to obtain placements, or to provide active follow-up. Finally, because of social isolation, many consumers with traumatic brain injury lacked natural supports that could have contributed to placement and follow-up success. The program continued to serve persons with traumatic brain injuries after the end of the demonstration.



**Table 8.1. Productive Alternatives**  
**(Based on Information from Document 1)**  
**Basic Consumer Demographics (N=18)**

Personal Characteristics	Frequency	Percent	Valid Percent
Gender			
Male	16	88.9	88.9
Female	2	11.1	11.1
Missing	0	0.0	
Marital Status			
Single	15	83.3	83.3
Married	3	16.7	16.7
Missing	0	0.0	
Racial Status			
Non-White	1	5.6	5.6
White	17	94.4	94.4
Missing	0	0.0	
Living Arrangement			
Highly Controlled	2	11.1	15.4
Group Home	5	27.8	38.5
Supported Care	6	33.3	46.2
Independent	0	0.0	0.0
With Family	0	0.0	0.0
Missing	5	27.8	

Age and Education	Mean	Standard Deviation	Range	Minimum	Maximum	N
Consumer Age at Program Entry	33.44	12.23	40.00	17	57	18
Years of Education Completed	13.00	2.17	9.00	8	17	15

**Table 8.2. Productive Alternatives**  
**(Based on Information from Document 1)**  
**Disability Variables (N=18)**

Disability Related Variables	Frequency	Percent	Valid Percent
<b>Primary Disability</b>			
Traumatic Brain Injury	11	61.1	61.1
Schizophrenia	0	0.0	0.0
Affective Disorder	0	0.0	0.0
Personality Disorder	1	5.6	5.6
Organic Mental Disorder	6	33.3	33.3
Other Psychiatric Disability	0	0.0	0.0
Missing	0	0.0	
<b>Secondary Disability</b>			
Any Psychiatric Disability	5	27.8	27.8
Traumatic Brain Injury	0	0.0	0.0
Chemical Dependency	2	11.1	11.1
Mental Retardation	2	11.1	11.1
Physical Disability	6	33.3	33.3
Learning Disability	1	5.6	5.6
Other, Specific	2	11.1	11.1
No Secondary Disability	0	0.0	0.0
Missing	0	0.0	
<b>Referral Agency</b>			
Vocational Rehabilitation	17	94.4	94.4
Mental Health Agency	0	0.0	0.0
Other Program, Same Organization	0	0.0	0.0
Self-Referral	0	0.0	0.0
Other	1	5.6	5.6
Missing	0	0.0	
<b>Reason for Referral to Program</b>			
General Employment Assistance	0	0.0	0.0
Specific Employment Services Needed	17	94.4	94.4
Consumer Wants to Work	1	5.6	5.6
Community Integration	0	0.0	0.0
Other	0	0.0	0.0
Missing	0	0.0	
<b>Prior Services Received</b>			
No Services	7	38.9	38.9
Work Activity	0	0.0	0.0
Sheltered Employment	0	0.0	0.0
Unknown, Unemployed	9	50.0	50.0
Unknown, Other	2	11.1	11.1

	Mean	Standard Deviation	Range	Minimum	Maximum	N
Age of Disability Onset	20.00	13.27	47.00	1	48	17



**Table 8.3. Productive Alternatives  
(Based on Information from Document 1)  
Consumer Employment History for  
Two Years Prior to Program Entry (N=18)**

Type of Job Held	Frequency	Percent	Valid Percent
<b>First Job Held</b>			
No Job	12	66.7	66.7
Clerical	0	0.0	0.0
Retail and Sales	4	22.2	22.2
Care of Others	0	0.0	0.0
Food Service	1	5.6	5.6
Food Processing	0	0.0	0.0
Building Maintenance	1	5.6	5.6
Plants and Animals	0	0.0	0.0
Manufacturing	0	0.0	0.0
Transportation	0	0.0	0.0
Construction	0	0.0	0.0
Other Job Classifications	0	0.0	0.0
Job Not Known	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Second Job Held</b>			
No Job	15	83.3	83.3
Clerical	0	0.0	0.0
Retail and Sales	2	11.1	11.1
Care of Others	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	1	5.6	5.6
Transportation	0	0.0	0.0
Sheltered or Protected	0	0.0	0.0
<b>Third Job Held</b>			
No Job	18	100.0	100.0
Retail and Sales	0	0.0	0.0
Food Service	0	0.0	0.0
Food Processing	0	0.0	0.0
Building Maintenance	0	0.0	0.0
Manufacturing	0	0.0	0.0

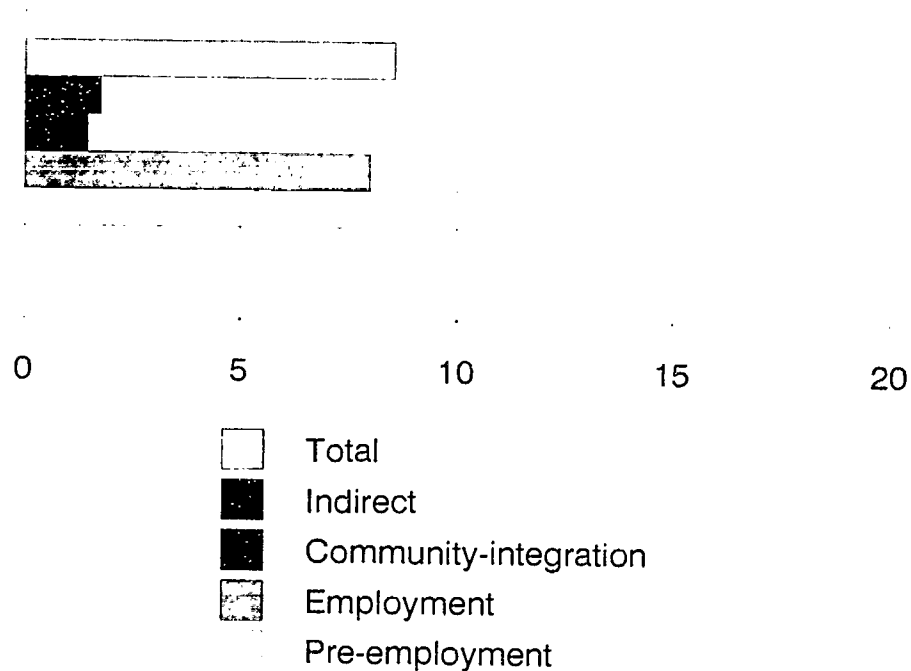
Hourly Wages and Months of Employment	Mean	Std Dev	Range	Minimum	Maximum	N
<b>Hourly Wage</b>						
Job 1	5.91	2.40	5.74	4.25	9.99	10
Job 2	5.23	2.17	3.78	3.95	7.73	3
Job 3						
<b>Months of Employment</b>						
Job 1	19.00	35.24	89.00	1	90	6
Job 2	8.67	8.62	17.00	1	18	3
Job 3						

**Table 8.4. Major Events and Dates for:  
Transitional Employment Options  
Productive Alternatives, Fergus Falls, MN**

Major Program Events	Date
<b>Calendar Year 1991.</b> Site selected for Diffusion Network Project participation.	April 16, 1991
Initial technical assistance visit; modify vocational evaluation procedures to become more accessible to persons with traumatic brain injury.	May 21-22, 1991
Training for staff on independent living and traumatic brain injury at UW-Stout.	July 15-16, 1991
Transitional Employment Options start-up; start of data collection; placement specialist begins job development.	September 1, 1991
Hire case manager full-time for project and for other duties; emphasis on finding adequate housing and transportation for consumers.	December 2, 1991
<b>Calendar Year 1992.</b> Six-month consumer interview and technical assistance visit; concerns expressed on independent living aspect of program.	January 9-10, 1992
On-going provision of information on vocational evaluation; recycling enclave started by Productive Alternatives.	February-March, 1992
Presentation joint presentation by DNP and Productive Alternatives staff on program at Minnesota Rehabilitation Association Spring Conference.	May 3, 1992
Problems with Division of Rehabilitation Services (DRS) counselors refusing to provide or pay for services to persons with TBI; contact State level DRS administrators in an attempt to help.	April, 1992 to project end
Six-month consumer interview and technical assistance visit.	July 22-23, 1992
<b>Calendar Year 1993.</b> Six-month consumer interview and technical assistance visit; no changes in program reported.	January 13-14, 1993
Six-month consumer interview and technical assistance visit; continuing problems in working with DRS reported; problems in securing long-term support for some consumers.	July 6-7, 1993
Data collection ends; program continues.	October 1, 1993

**Table 8.5. Productive Alternatives**  
**(Based on Information from Document 2)**  
**Descriptive Statistics for Weekly Hours of Service by**  
**Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	17.33	16.36	37.00	0.50	37.50	32
Employment	7.99	8.04	39.75	0.25	40.00	247
Community Integration	1.46	0.95	4.75	0.25	5.00	79
Indirect	1.75	1.78	15.75	0.25	16.00	351
Total	8.55	9.77	43.75	0.25	44.00	381



**Figure 8.1**  
**Productive Alternatives**  
**Mean Weekly Hours of Service**

**Table 2.6. Productive Alternatives**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Employment Status Upon Entry and at Six-Month Follow-Up Intervals**

Time Periods	Consumer Employment Status										Total Across Employment Statuses	
	Competitive Employment		Supported & Sheltered Employment		Unemployed		Other		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	1	5.6	1	5.6	10	55.6	1	5.6	5	27.8	18	100
1-6 months	1	8.3	5	41.7	6	50.0	0	0.0	0	0.0	12	100
7-12 months	1	14.2	3	42.9	3	42.9	0	0.0	0	0.0	7	100
13-18 months	0	0.0	5	83.3	1	16.7	0	0.0	0	0.0	6	100

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**Table 8.7. Productive Alternatives**  
**(Based on Information from Documents 1 and 3)**  
**Consumer Housing Status Upon Program Entry and at Six-Month Follow-up Intervals**

Time Period	Consumer Housing Status												Total Across Housing Statuses	
	Highly Controlled		Group Home		Supported Housing		Independent Living		With Family		Missing Data			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Program entry	2	11.1	5	27.8	6	33.3	0	0.0	0	0.0	5	27.8	18	100
1-6 months	2	20.0	0	0.0	1	10.0	2	20.0	5	50.0	0	0.0	10	100
7-12 months	1	16.7	0	0.0	1	16.7	3	50.0	1	16.7	0	0.0	6	100
13-18 months	1	16.7	0	0.0	1	16.7	3	50.0	1	16.7	0	0.0	6	100

3.7

3.3

# Supported Employment for Persons with TBI

## Rehabilitation Center of Sheboygan Sheboygan, WI

### Description of Community and Agency<sup>40</sup>

Sheboygan County is located along the shores of Lake Michigan about 50 miles north of Milwaukee. This county has a total population of 100,000, half of which live in the city of Sheboygan. Like many cities in the Midwest, Sheboygan is changing from a shipping and manufacturing economy to a service-based economy. However, there is still considerable manufacturing. The unemployment rate has been slightly higher than the Wisconsin average for the past several years.

The Rehabilitation Center of Sheboygan operates a variety of in-house and community-based programs: sheltered employment, day activities, some residential services, infant and toddler services, and supported employment. At the start of this new program, the Rehabilitation Center of Sheboygan served 170 persons in in-house programs and 70 persons in community-based programs. The majority of consumers in the in-house programs were persons with mental retardation; the second largest in-house group and the largest outside group were persons with psychiatric disabilities. The Supported Employment Program for Persons with Traumatic Brain Injury was a part of the supported employment program. Eighteen of the 70 consumers in outside programs were served by supported employment programs; most of these

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<sup>40</sup>All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

persons were in individual supported employment. The remaining consumers were in direct placement, work experiences, or Projects with Industry (PWI) programs. The Rehabilitation Center of Sheboygan was the only agency doing placement for the Division of Vocational Rehabilitation in Sheboygan County.

### **Description of Consumers and Staff**

Due to serious problems in funding, only six persons with traumatic brain injuries had contact with the program. Four consumers were involved in the program long enough to receive considerable services. Three of these persons were male, and all were single and white. All four received their brain injuries from automobile accidents at either age 20 or 21. At case opening, all consumers were living in structured housing situations. Three persons were referred by the Wisconsin Division of Vocational Rehabilitation and one from the county Mental Health Agency. At program entry, two consumers were employed in sheltered employment and two were not receiving any services.

The program for consumers with traumatic brain injuries was housed in the supported employment program at the Rehabilitation Center of Sheboygan. The supported employment program was staffed by a coordinator, case manager, placement specialist, and several full-time and part-time job coaches. In addition to serving consumers with traumatic brain injuries, the supported employment program served persons with mental retardation and psychiatric disabilities.

### **Supported Employment for Persons With Traumatic Brain Injuries**

The program was funded by the Diffusion Network Project for \$10,000 during the first year of operation. The program and data collection started on June 1, 1991 (Table 9.1). On August 19, 1991, the first supported employment coordinator resigned. After a new supported employment coordinator was hired in September, 1991, Diffusion Network Project and Rehabilitation Center of Sheboygan staff redesigned the program. Between September, 1991, and September, 1992, the case manager and most job coaches resigned, and the job placement specialist moved to community employment coordinator position.<sup>41</sup> In September, 1992, a third supported employment coordinator was hired. During this entire period, severe funding problems with Sheboygan County Human Services and the Division of Vocational Rehabilitation prevented the program from serving more than a few consumers. The long-term funding problems for consumers were not resolved until August, 1993—two months before the end of data collection.

The Supported Employment for Persons with Traumatic Brain Injuries program described below is a revision of the program model submitted for funding to the Diffusion Network Project

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<sup>41</sup> During the project, a full-time job coach position was created; this resulted in less reliance on part-time job coaches.



in 1991. The program model was revised in September, 1991, following the resignation of the first supported employment coordinator (Table 9.1). In spite of staff turnover and funding problems, the program did not change significantly after that date. Because of severe and ongoing funding problems, this program model was never really fully operational.

The purpose of the program was to provide paid work in integrated settings for individuals with traumatic brain injury for whom competitive employment had not previously been available or who, because of their disability, needed ongoing support services in order to retain their employment.

### **Referral Process**

The referral process involves a close working relationship among Rehabilitation Center of Sheboygan staff, the Division of Vocational Rehabilitation, and the Human Services Department. The following steps are used:

1. Identification of the consumer by Sheboygan County Human Services Department staff, Rehabilitation Center of Sheboygan staff, or vocational rehabilitation counselor.
2. An advocate from the Rehabilitation Center of Sheboygan contacts either the Human Services Department or Division of Vocational Rehabilitation, as appropriate, to determine if supported employment is possible, financially and programmatically.
3. Authorization for supported employment services is issued to the Rehabilitation Center of Sheboygan for assessment (see below), job development and training, job coaching, and follow-along.
4. Joint meetings occur involving the respective funding agencies and the Rehabilitation Center of Sheboygan to discuss referral and tentative job plan.
5. Results are shared with the individual served and significant others for approval.
6. If the plan was approved, an Individualized Written Rehabilitation Program is developed.
7. A long-term support agreement letter is sent by Human Services Department to the Vocational Rehabilitation office.

### **Division of Vocational Rehabilitation Services**

The following services are funded or provided directly by Vocational Rehabilitation:

1. Supported employment assessment, job development and training, job coaching, and follow-along.
2. Vocational rehabilitation services to help the consumer be successful on the job, including transportation, tools, work clothes, and adaptive equipment/devices.

3. Other planned vocational services as appropriate and necessary:
  - a. When the individual is ready for competitive employment without the provision of long-term supports, the Division of Vocational Rehabilitation accepts the re-referral for traditional vocational rehabilitation services.
  - b. In the event extraordinary services are necessary to maintain the individual in employment, a referral back to the Division of Vocational Rehabilitation is accepted for post-employment services.

### **Sheboygan County Human Services Department Services**

The county Human Services Department provides or funds the following services:

1. Long-term (i.e., after 18 months) funding of nonvocational services (e.g., case management and residential services).
2. Ongoing support services at the point of transition from vocational rehabilitation including:
  - a. Periodic job skills training services provided at the work site throughout the term of employment to enable the individual to perform the work and to upgrade and expand the individual's job skills.
  - b. Provision of other support services at or away from the work site, such as transportation, personal care services, counseling, and counseling to family members.
  - c. Provision of support services to individuals with traumatic brain injury who may need support services, but not necessarily job skill training services, provided either at or away from the work site.

### **Funding the Transition from Division of Vocational Rehabilitation to County Human Services Department**

The Division of Vocational Rehabilitation offers supported employment services, for a period not to exceed 18 months, beginning with date of job placement. The Division of Vocational Rehabilitation provides services until the following conditions are met:

1. The individual is in paid employment where wages were not subsidized and where wages were commensurate with the individual's productivity. Wages could be subminimum.
2. The work place offers opportunities for interaction with nondisabled persons (not paid caregivers).
3. The individual works an average of 20 hours or more per week.

4. The individual achieves 60 work days of stable productivity on-the-job, as evidenced by maintaining a consistent production record.
5. The individual requires job coaching of 25 percent or less of his/her work time or until such times as it is determined (by mutual agreement of the Division of Vocational Rehabilitation, Sheboygan County Human Services Department, and Rehabilitation Center of Sheboygan) that 20 hours or more per week are not feasible or desirable.

When the above conditions are met, the Human Services Department assumes funding for long-term support and case management responsibility. The Sheboygan County Human Services primarily funds job coaching services for individuals assessed and placed in employment through Division of Vocational Rehabilitation funding.

### Process

Based on referral information, an initial interview, and the stated purpose of the evaluation, a supported employment assessment plan is developed by the consumer and the supported employment case manager. The supported employment assessment gathers information from the consumer about job interests, likes, and dislikes. By involving the individual in the assessment, recommendations reflect the values, needs, and interests of the individual. The results of the assessment are shared with the consumer. Eligibility is determined from a functional assessment in the following areas:

1. Job interests, likes, and dislikes.
2. Functional literacy and ability to generalize.
3. Challenging behaviors that might present employment problems.
4. Mobility (e.g., will the individual need training to function out-of-doors, to transfer safely to autos, to move about in the home and at the work site safely?).
5. Transportation needs/skills (e.g., what training or assistance will the individual require to use public transportation to get to work?).
6. Residential setting and implications for programmed requirements (e.g., a need by the group home or parents for 20 hours per week employment or other programming).
7. Family and other natural caregiver system supports.
8. Disincentives to working in the community.
9. Functional application of academic skills (e.g., reading, money use, and telling time in different environments).

10. Use of adaptations to circumvent deficits.
11. Expressive and receptive communication skills.
12. Effects of medication on functioning.
13. Need for psychosocial supports.
14. Relationship of person's skills to local labor market need.

Upon completion of the assessment, a meeting is held involving the supported employment case manager, the supported employment specialist, the supported employment coordinator, and all other case managers and professionals involved. They discuss the specifics of the case and make recommendations to the supported employment specialist about specific jobs seen as being suitable. At this point the supported employment specialist is given a copy of the assessment. The supported employment specialist then contacts the consumer to schedule meetings in order to build rapport and learn more about the consumers on a more personal basis. The supported employment specialist then begins the job development phase.

The Division of Vocational Rehabilitation is updated on the status of job development for each consumer on a monthly basis. Upon the consumer's finding a job, the supported employment specialist completes the appropriate paperwork, and the case is referred back to the supported employment case manager for follow-along.

Each consumer has a case manager at one or more of the involved organizations: (a) Rehabilitation Center of Sheboygan, (b) Division of Vocational Rehabilitation, or (c) the Sheboygan County Human Services Department. The Rehabilitation Center of Sheboygan's supported employment case manager and each individual work with the staffing team to develop the individual's goals and objectives. The Rehabilitation Center of Sheboygan's supported employment case manager coordinates staffings and offers consumers feedback on their progress relating to their goals and objectives. Staffings are an additional opportunity for consumers to express concerns or desires regarding their program.

### **Services Provided**

Table 9.2 and Figure 9.1<sup>42</sup> present the hours of services per week for the four consumers receiving significant services. Employment services accounted for the largest type of services both in terms of mean number of hours of service per week (6.85) and number of weeks of service (141). Employment services included on-site training in specific occupations, job site modifications, consulting and intervention with employees, and on-site counseling. Community integration services (Mean hours of service = 2.90) included locating housing, budgeting services, and financial advice. Indirect services (Mean hours of service = 2.94) included job development, community awareness, planning, and reporting. In summary, from Table 9.2 it

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<sup>42</sup>See Appendix A for description of service categories.

is easy to see that the bulk of the services were directly related to finding and keeping employment.

### Outcomes

Outcomes for the program were determined by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to Supported Employment for Persons with Traumatic Brain Injury staff at 4-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4.

Because of the small number of consumers receiving significant services, outcome information will be presented in narrative, instead of tabular format. During most of the program, two consumers were employed competitively and two were in sheltered employment. One competitively employed person held three separate jobs: one as a receptionist and two as data entry operator. During this time, she worked between 20 and 30 hours per week and received above minimum wage. The second employed person worked 40 hours per week in building maintenance until he lost his job after a fight at work. Because his long-term employment goal was woodworking, he was next placed in maintenance in a woodworking shop. Through the length of the project, he also worked part-time as a kitchen helper and dishwasher.

One of the two persons in sheltered work operated the lunch counter and also did production work. The second employee did only production work. Both persons' wages were sub-standard.

In terms of independent living and community-integration, the two competitively employed consumers lived independently and were involved in community activities. One was involved in religious activities and the other in bicycle racing and sports. Both had several close friends, and one received considerable support from family. The two sheltered employees were considerably more socially isolated.

### Summary

The Rehabilitation Center of Sheboygan program was selected during the first year of the Diffusion Network Project to serve persons with traumatic brain injury. The major problems throughout most of the program were cooperation with and funding from state vocational rehabilitation and the county human services system. These ongoing problems had two negative effects on the program. First, Rehabilitation Center of Sheboygan staff spent a considerable amount of energy trying to secure funding for consumers with brain trauma. Second, the two persons in competitive employment were receiving county long-term support *before* the Diffusion Network Program began in Sheboygan in June, 1991. Shortly after the start of the Sheboygan program, both of these consumers were employed competitively: one in data entry for an insurance company and bank and the other in building maintenance and production woodworking. By the end of the program, new staff had significantly reduced the funding

problems with state vocational rehabilitation and county human services.

Another major problem (See Table 9.1) was staff turnover. The program had barely gotten started when the supported employment coordinator resigned; one year later the new supported employment coordinator resigned. During the project, the case manager left, a job development specialist quit, and the half-time job coaches were replaced by the creation of a full-time job coach position. However, job development, case management, and coordinating were performed by the remaining staff. Thus, the program had well over 100 percent turnover in its 2 years of operation. These personnel changes interfered with the provision of services to consumers and with agreements with vocational rehabilitation and social services. This program continued to operate after the end of the Diffusion Network Project grant period.



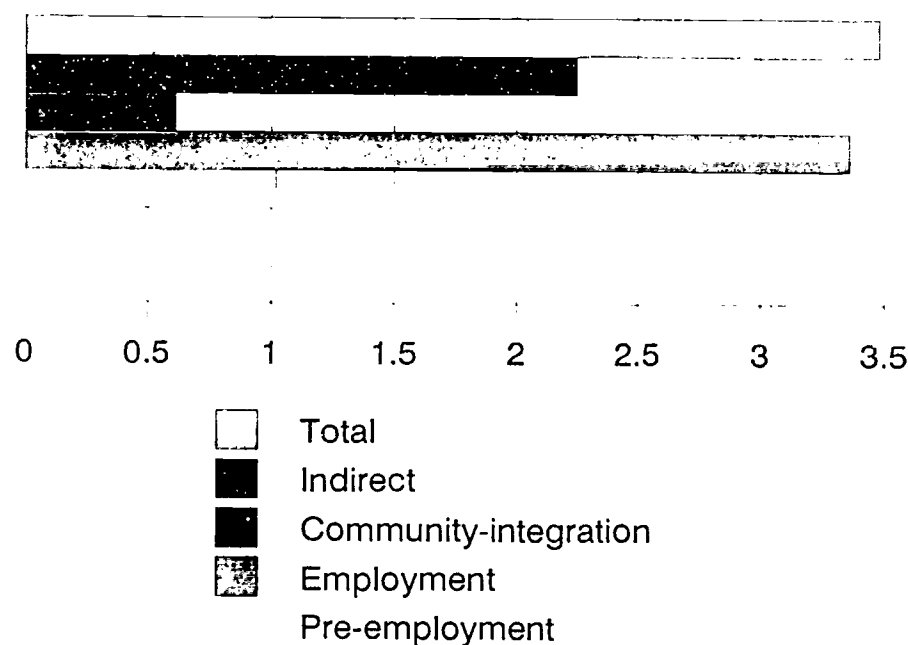
**Table 9.1. Major Events and Dates for:  
Supported Employment for Persons with Traumatic Brain Injury  
Rehabilitation Center of Sheboygan, Sheboygan, WI**

Major Program Events	Date
<b>Calendar Year 1991.</b> Selected for Diffusion Network Project participation.	April 16, 1991
Initial technical assistance visit; met with DVR, County Social Services, RCS Board of Directors and consumers. Received assurances from all for cooperation.	May 28-28, 1991
Supported Employment for Persons with TBI program starts; start of data collection.	June 1, 1991
Training of staff on independent living and traumatic brain injury at UW-Stout.	July 15-16, 1991
Supported Employment Coordinator resigns; beginning of problems with long-term support funding by DVR and County Social Services.	August 19, 1991
New Supported Employment Coordinator hired.	September, 1991
Technical assistance visit; redesign program to match changes in coordination and funding with other agencies; major revisions in DNP technical assistance plan; changes in direct service staff duties, hours, and salary.	October 1, 1991
<b>Calendar Year 1992.</b> Six-month consumer interviews and technical assistance visit; problems with funding, RCS can only serve five consumers from its own internal funding; staff turnover in position of job placement specialist.	February 4, 1992
End of long-term funding from county social services; only two consumers in program; DNP staff contact state level DVR and CSP administrators in an attempt to obtain long-term funding for consumers; case manager resigns.	February 20, 1992
Training on medical and vocational aspects of TBI at Milwaukee Center for Independence.	May 20, 1992
Six-month consumer interviews and technical assistance visit; funding problems continuing.	August 18, 1992
Supported Employment Coordinator resigns; replaced by job development specialist; full-time job coaches hired to replace several part-time job coaches.	September, 1992
<b>Calendar Year 1993.</b> Six-month consumer interviews and technical assistance visit; continued problems with long-term funding.	February 26, 1993
Program stabilized; new staff working with county social services for long-term funding. County will only pay for 7.5 hours of direct support and 2.5 hours of indirect support per week.	August 21, 1993
Data collection ends; Program continues.	October 1, 1993



**Table 9.2. Rehabilitation Center of Sheboygan  
(Based on Information from Document 2)  
Descriptive Statistics for Weekly Hours of Service by  
Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	2.55	2.25	7.75	0.25	8.00	21
Employment	6.85	9.08	47.75	0.25	48.00	141
Community Integration	2.90	2.98	11.75	0.25	12.00	23
Indirect	2.94	6.37	40.25	0.25	40.50	116
Total	6.54	9.18	47.75	0.25	48.00	218



**Figure 9.1  
Rehabilitation Center of Sheboygan  
Mean Weekly Hours of Service**

# Community Connections Program

Milwaukee Center for Independence  
Milwaukee, WI

## Description of Community and Agency<sup>43</sup>

Milwaukee and its suburbs is the largest and most diverse city in Wisconsin. The city's economy consists of heavy and light manufacturing, banking, insurance, retail and wholesale trade, and services. Unemployment rates have been fairly low during the past several years.

At the beginning of the Community Connections Program, Milwaukee Center for Independence (formerly Milwaukee Jewish Vocational Services) served about 1,380 consumers daily in a variety of rehabilitation programs. About 50 consumers were in community-based programs, with the remainder receiving services at one of four sites. Persons with mental retardation or physical disabilities comprised most of the consumer population. The organization has a long history of service to persons with all types of disabilities.

The following programs are offered: (a) day programs emphasizing adult daily living skills; (b) work services, including work activities and sheltered employment; (c) medical day treatment, psychotherapy, and work program for persons with psychiatric disabilities; (d) pre-employment training in food and custodial services; (e) supported employment for non-psychiatric disabilities using a variety of models; (f) youth employment providing occupational

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<sup>43</sup>All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

skills training and limited work experience for persons between ages 16 and 21; (g) placement services; (h) vocational evaluation; (i) summer youth employment program for persons with mild disabilities; (j) occupational and speech therapy; and (k) after school programs provide training in assembly and packaging. The Milwaukee Center for Independence also offers community employment programming with community employment job development, placement, job matching, and follow-up for persons with development disabilities or psychiatric disabilities.

### **Description of Consumers and Staff**

Because of serious problems with securing long-term support, only five consumers with traumatic brain injury were served in this program; all five received significant services. Four of the five were male; all were single and white. The five consumers were an average of 29 years old when they entered the program. Years of formal education ranged between 11 and 12; all were young adults between 18 and 25 when they received their brain injuries. None of the five had been employed for two years prior to program entry.

Services were provided by one full-time case manager and several other staff assigned less than 1.00 full-time equivalent.

### **Community Connections Program**

The Community Connections Program was funded during the second Diffusion Network Project funding cycle. Selected in January, 1992, the site was granted \$10,000 for its first year of operation (Table 10.1). Problems in securing long-term funding for consumers from vocational rehabilitation and county social services began in March, 1992; these problems were almost identical to those experienced by Transitional Living Services, another Milwaukee program in the Diffusion Network Project. After several meetings, some of the funding problems were resolved.<sup>44</sup>

Several weeks after the initial technical assistance visit, the Associate Executive Director resigned; in June, 1992, the direct service staff also resigned. At that time the program was put on "hold" until other staff could be hired. A new case manager was hired in August, 1992; in early October, Diffusion Network Staff met with her and the new program was designed. The revised program was approved by the Milwaukee Center For Independence in October. By the end of data collection in October, 1993, the program had moved from downtown to the Milwaukee suburbs and new staff were assigned.

The program described below is the program that started in October, 1992, and continues to the present.

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<sup>44</sup>See the description of Transitional Living Services' LITES program for a more detailed description of these problems and their solutions.

## Program Goals

The following goals were established to guide the Supported Employment for Persons with Traumatic Brain Injuries program:

1. To provide opportunities for individuals with traumatic brain injuries to fully participate in the community through employment and integrated living supports.
2. To provide community living support and/or comprehensive employment services to 45 individuals during a 3-year period.
3. To raise awareness and to educate employers and the greater public about the abilities of people with traumatic brain injuries.
4. To best use available and potential funding by assisting people with traumatic brain injuries to reach optimum levels of function and independence.
5. To share successful strategies with other agencies and organizations and to serve as a model for replication.

## Program Components

The Community Connections Program is built on the strengths of the Milwaukee Center for Independence and its existing programs and strategies. New components include a blend of services to meet the specific needs of individuals with traumatic brain injuries.

Each individual with a traumatic brain injury referred to the program is assessed by Milwaukee Center for Independence staff to help the consumer identify his/her needs. Available information from referral and other sources is reviewed as part of the assessment. Information on functional abilities, independent living skills, and readiness for employment is developed by the consumer and evaluation staff. Information collected from the consumer or family member on pre-injury job history and strengths, as well as current interests and expectations completes the picture. During assessment, staff assist the consumer and significant others in completing a "Life Needs Plan," which details the array and sequence of services to be provided and the projected time line. The consumer, family, and significant others are the primary decision makers in the planning process.

Although the purpose of the new program is community living and employment, consumers could use one or more of the other services offered by the Milwaukee Center for Independence: occupational skills training, speech and occupational therapies, psychological testing, psychotherapy, and family support groups. Referrals for these and other services are made internally or elsewhere in the community, depending on the desires of the consumer.

All services are provided according to the priorities identified by each participating consumer. If establishing residence in the community is an individual's priority, then independent living skills preceded or are concurrent with employment efforts. In assisting an individual in preparing for and adjusting to independent living, the number of staff hours

required also vary according to individual needs. Independent living services include budgeting, money management, menu planning, shopping, food preparation, care of the residence, safety and security, time planning, recreation, socialization, interaction with the greater community, transportation, decision making, and problem solving. The Milwaukee Center for Independence took the lead in a new initiative in Milwaukee County: the Friendship Connection. Interested individuals are matched up with a "nondisabled" individual with similar social and recreation interests in an integrated setting.

Job readiness emphasizes the skills that assist the individual to get and to keep a job: punctuality, acceptable hygiene and proper dress, desirable work behaviors, accepting directions and criticism, interacting with co-workers and supervisors, and taking public transportation. Specific job skills are obtained in formal training settings or on the job in the community.

All job development strategies center on the consumer's interests, abilities, and functional capabilities. A particular challenge is the difficulty some brain-injured individuals have in accepting that they have changed and that they will have to approach things differently. The job development network of the Milwaukee Center for Independence with community employers makes it possible to identify the "right job" to meet an individual's needs. Job coaching is the primary supported employment service. Natural supports are emphasized in work settings to include co-workers, supervisors, family, and friends.

Depending on the needs of the individual, specific services are continued with reduced frequency or follow-up services are started. Some individuals benefit from community living support for an extended period of time. Employment follow-up services typically last for 6 months (longer if needed), while lifetime support is the expectation for individuals in supported employment.

### **Consumer Involvement**

The Milwaukee Center for Independence established an Advisory Committee to provide advice and consultation for program design, execution, delivery of services, and evaluation. Other members include families, significant others, and advocates. Advisory Committee members monitor the overall progress of participants in achieving their goals and objectives and make recommendations to program staff.

### **Collaboration and Networking**

The Milwaukee Center for Independence has working relationships with a multitude of organizations throughout the community:

- Milwaukee County Combined Community Services
- Department of Health and Social Services - Milwaukee Branch
- Division of Vocational Rehabilitation
- Milwaukee County Private Industry Council
- Milwaukee Association of Commerce
- Milwaukee Public Schools
- Wisconsin Council on Developmental Disabilities

Milwaukee Area Developmental Disabilities Service Association  
Wisconsin Brain Trauma Association  
Wisconsin Occupational Therapy Association  
National Head Injury Foundation  
Association of Rehabilitation Nurses  
Wisconsin Health Organization

Relationships exist with other agencies, health care providers, business associations, universities, insurance companies, rehabilitation providers, and advocacy groups. All these resources are available to the Community Connections Program. New resources and relationships are pursued as well and as needed by the consumers.

### Services Provided

Table 10.2 and Figure 10.1<sup>45</sup> present the mean weekly hours of service in four major content categories: pre-employment, employment, community integration, and indirect. Consumers were involved in a total of 7 weeks of pre-employment services, mostly vocational evaluation or assessment. The average weekly hours of service were 8.28 hours per consumer. Consumers participated in an average of 5.75 hours of service for a total of 87 weeks. The hours of employment services ranged from 15 minutes (i.e., .25 hours) to 28 1/2 hours per week. Most of these hours of service were provided in on-site skills training and behavior management. Community integration services were provided to a lesser degree: only about one and a half hours of service were given for 34 weeks. Most of these hours were in housing and residential help. Finally, slightly more than one hour of indirect services per consumer occurred during the program. In summary, consumers in the Community Connections Program participated mostly in employment services.

### Outcomes

Program outcomes were measured by two separate follow-up documents: Each available consumer was interviewed by Diffusion Network Staff approximately every 6 months (Document 3). Consumers gave interviews to Community Connections Program staff at four-month intervals from the date they entered the program (Document 4). Measures of employment, independent living, and community integration were developed from the information contained in Documents 3 and 4.

Because of the small number of consumers receiving significant services, outcome information will be presented in a narrative, instead of tabular, format. Between months 7 to 12 in the program, four consumers were interviewed on their employment status. At that time, two consumers were unemployed and two were in supported employment. All consumers were still receiving services. Document 4 was used to determine consumer wages and hours over each 4-month follow-up period. Because of the small number of cases, all reporting periods were combined; the two consumers employed worked a total of 454.25 hours and earned \$192

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<sup>45</sup>See Appendix A for description of service categories



during the combined time in the program (having an average hourly wage \$2.36).

A second outcome measure was independent living. During the second 6-month follow-up period, two of the consumers were living independently; one was living with family; and one was living in highly controlled housing.

### Summary

The Community Connections Program had an uneven history. Shortly after it began, it was troubled by a series of staff resignations and problems in securing consumer funding from the Division of Vocational Rehabilitation (see details in the section on Transitional Living Services, page 69). Because of these problems, the program did not begin until October, 1992. Between this date and the end of data collection, the program provided intense employment and independent living services to a small number of consumers. The Community Connections Program was housed in the main Milwaukee Center for Independence building, just outside downtown Milwaukee. As the need for a more complete package of services for persons with traumatic brain injuries became apparent, and as private insurance carriers and hospitals began to refer consumers, a more comprehensive program focused on functional rehabilitation and integration in the community and employment was identified as a need. Program development began and staff were hired. This new program was named the "Independence Training Center" (ITC); the first consumer was served in July, 1993. The program is located in the northwest Milwaukee suburbs. Thus, the original program evolved into a highly sophisticated program offering comprehensive services to persons with traumatic brain injury and to other neurological impairments.

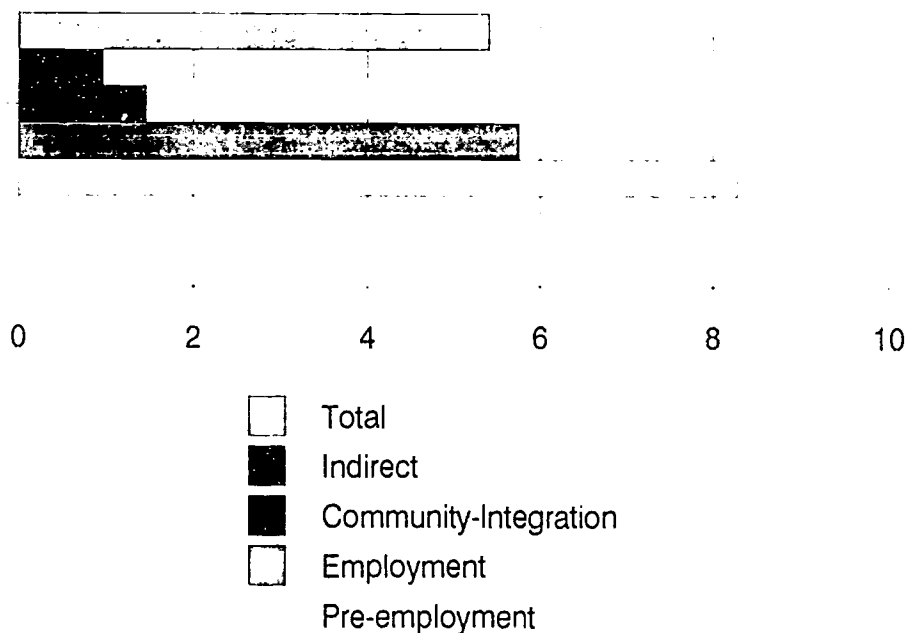


**Table 10.1. Major Events and Dates for:  
Community Connections Program  
Milwaukee Center for Independence, Milwaukee, WI**

Major Program Events	Date
<b>Calendar Year 1992.</b> Site selected for Diffusion Network Project participation.	January 24, 1992
Initial technical assistance visit; discussion of expectations and other DNP sites; defined competitive employment and community-based employment; role of independent living; data collection starts.	February 6, 1992
Resignation of Associate Executive Director.	February 15, 1992
Training on medical and vocational aspects of Traumatic Brain Injury at Milwaukee Center for Independence with Rehabilitation Center of Sheboygan and St. Elizabeth's and Valley Packaging Industries.	May 20, 1992
Direct service staff for program resign; program put on hold until new staff were hired.	June, 1992
Meet with Division of Vocational Rehabilitation Milwaukee Region Administrator on funding and the Diffusion Network Project program; this began a series of meetings that grew into a better working relationship between service providers and Division of Vocational Rehabilitation.	June 25, 1992
New staff hired for Community Connections Program.	August 19, 1992
New staff revise Community Connections Program; program starts with four consumers; Milwaukee Center For Independence Board of Directors approves new program for persons with Traumatic Brain Injury; move program site from downtown to northwest suburbs planned.	October 6, 1992
<b>Calendar Year 1993.</b> Met with Community Connections Program director to discuss progress; five consumers in program.	February 11, 1993
Six-month consumer interview and technical assistance visit; program is small, but operating well.	March 26, 1993
Six-month consumer interview and technical assistance visit; program name changed to Independence Training Center, program moved to suburbs, and additional staff assigned to the project.	August 10, 1993
Data collection ends; program continues.	October 1, 1993

**Table 10.2. Milwaukee Center for Independence  
(Based on Information from Document 2)  
Descriptive Statistics for Weekly Hours of Service by  
Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	8.28	10.52	27.00	0.25	27.50	7
Employment	5.75	5.53	28.50	0.25	28.75	87
Community Integration	1.46	0.98	5.00	0.50	5.50	34
Indirect	0.97	0.77	4.00	0.25	4.25	120
Total	5.41	5.80	31.25	0.25	31.50	130



**Figure 10.1  
Milwaukee Center for Independence  
Mean Weekly Hours of Service**

# Community-Based Employment Program for Persons With Traumatic Brain Injuries

St. Elizabeth's Hospital and Valley Packaging Industries  
Appleton, WI

## Description of Community and Agencies<sup>46</sup>

Appleton is a city of about 65,000 persons with another 15,000 people living in surrounding suburbs. The major employers are paper manufacturers and secondary processors,

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<sup>46</sup>All source documents referenced are included in Appendix E in Volume I or are available upon request from the Research and Training Center.

insurance, electric equipment manufacturing, medical services, and retail sales. The area presently has a 4.5 percent unemployment rate and was not affected by the recession in the early 1990s. This area of the state has been growing rapidly for the last 5 to 7 years.

This was the only program in the Diffusion Network Project with two sponsoring organizations: A hospital and a rehabilitation facility. St. Elizabeth's Hospital is one of two large hospitals in the area. It has a very complete inpatient and outpatient rehabilitation program, including occupational therapy, work hardening, cognitive retraining, psychological services, physical therapy, and independent living. The Community-Based Employment Program for Persons With Traumatic Brain Injury project was housed in the Workers' Rehabilitation Program. The Workers' Rehabilitation Program provides inpatient and outpatient services in work capacity evaluation, job analysis, ergonomics assessment, work hardening, physical conditioning, care of lower back injuries, vocational rehabilitation counseling, rehabilitation psychology, and cumulative trauma therapy. At the beginning of the Diffusion Network Project, that program was serving 314 persons.

Valley Packaging Industries has four sites in the Appleton Area. It provides a complete set of services ranging from pre-school programs to sheltered and supported employment. The main facility occupies a new 120,000+ square-foot building in an industrial park. As its name implies, flexible packaging runs and similar operations are the key industries in the building. Valley Packaging is in the process of changing from a "sheltered workshop" to an affirmative industry.

### **Description of Consumers and Staff**

Because of severe funding problems (see below), this program provided significant service to only two consumers during its period of operation. Both consumers were young men with traumatic brain injuries who entered the program following motor vehicle accidents. Both were single and white with high school educations. One was enrolled in a vocational-technical school at the time his injury. In spite of their young age, both had been employed at several part-time jobs in the community. These two consumers entered the Community-Based Program for Persons with Traumatic Brain Injury following medical treatment in the medical rehabilitation program at St. Elizabeth's Hospital.

During the program, direct services were provided by staff from both St. Elizabeth's Hospital and Valley Packaging Industries. Primary rehabilitation was provided by the staff in the Workers' Rehabilitation Program and included physical therapy, psychological counseling, assessment, cognitive training, and planning. The major roles of St. Elizabeth's Hospital staff were to help consumers determine their readiness for vocational rehabilitation and to serve as project coordinators.

Direct vocational services were provided by staff at Valley Packaging Industries. At this location, a coordinator was responsible for assisting the consumers to plan specific services. Direct placement, work adjustment, job development, counseling, skill training, and non-competitive employment services were provided by other Valley Packaging Industries staff. In general, the two consumers received intensive services on an individual basis.

## **Community-Based Employment Program for Persons With Traumatic Brain Injury**

This program was selected for funding by the Diffusion Network Project for \$10,000 on January 24, 1992. The initial technical assistance visit was made on March 26, 1992, and data collection started on April 15. (When reading the description of this program, please keep it in perspective with the number of consumers served.)

Persons with traumatic brain injuries are admitted to St. Elizabeth's at the time of their accident or injury. From admissions to discharge they are involved in a variety of both inpatient and outpatient rehabilitation services including physical therapy, occupational therapy, work hardening, speech therapy, cognitive retraining, substance abuse assessment, and psychological services. When the consumer is medically stable and has obtained maximum benefits from these services, vocational rehabilitation options are discussed.

Persons with traumatic brain injury are selected for the program if they meet the following criteria: (a) could return to their present job, (b) were unemployed at time of injury, and (c) wanted to work in the near future. When outpatient treatment was completed, they were referred to Valley Packaging Industries.

Valley Packaging Industries staff developed individualized services based on the information given by consumers and reports from other agencies (see below). Services are intensive and often provided on an individual basis. The most common services are job development, teaching specific vocational skills, providing training in personal habits, and work adjustment services.

The number of consumers served was a reflection on the problems in securing long-term funding. The heart of this problem is the amount of time it takes for some consumers with traumatic brain injuries to learn new behaviors. Because of lack of funding, these intense services could not be offered to many consumers for two reasons: First, county human services pays only \$3.50 per hour to Valley Packaging for services. If a consumer needs individual services, this results in a net loss of several dollars per hour. Second, when a consumer receives individual services for several hours per day, staff must often neglect other consumers. This creates an ethical problem for staff and a service problem for consumers.

### **Communications**

Successful service of consumers required close communication involving four organizations: St. Elizabeth's Hospital, Valley Packaging, Division of Vocational Rehabilitation, and Outagamie County Department of Human Services. Once a month, a representative from each of these four collaborating organizations meet to discuss the progress of each consumer already receiving services and to exchange and to develop information on additional persons with traumatic brain injuries who may benefit from the program. This proved an excellent method for keeping all involved abreast of consumer options, progress, decision making, and funding options.

At the beginning of the project, staff expressed concern about the possible communication

problems between cooperating organizations. In order to enhance communication and focus on functional assessment, St. Elizabeth's Hospital, Valley Packaging, the Division of Vocational Rehabilitation, the Department of Human Services, and the Diffusion Network Project staff developed a report format that contained the most relevant information of the consumer:

1. Ability to learn new information. What and how much short-term memory functions were needed for retraining?
2. How long the person can concentrate? A minimum of between 4 to 8 hours was suggested as a criterion for placement.
3. How much of the time is the consumer distracted? Division of Vocational Rehabilitation would like the consumer to be 80 percent on task; Valley Packaging Industries accepted 25 to 35 percent on task.
4. Cues and tools help the person with traumatic brain injury learn. Some examples include maps; lists; color codes; and verbal, visual, or physical prompts. What compensation methods are used by the consumer?
5. Consumer's insights into the impairments caused by his/her injury. At minimum, this was knowing why he/she was referred to Valley Packaging Industries. It also deals with the consumer's ability to cope with his/her disability.
6. How cooperative is the consumer? At minimum, he/she must attempt to cooperate. It was emphasized that one significant part of a traumatic brain injury is not to be cooperative.
7. Problem behaviors. What would the employer tolerate and what will Valley Packaging Industries staff need to know in order to "treat" the problem behavior?
8. Inappropriate behaviors of the consumer. Example problem behavior may involve grooming; sexual behavior; aggression/hostility; accepting of supervisor; and accepting directions, instructions, and criticisms.
9. Physical capacities. St. Elizabeth's uses a complete functional capacity evaluation form. This continued to be used with the following measures modifications: (a) speed of work and (b) need to alternate among sitting, standing, and walking.
10. Self-care capacities. Toileting, medical issues, feeding, work related dress, grooming, and hygiene are examples.
11. Whether the consumer can be mobile in the worksite. The use of a wheelchair and ability to learn locations is included.
12. Methods of transportation. Ability to drive, having a car, best method to get between job site and home, and private handicapped transportation were mentioned.



13. Family support system. Get specific information on who person lives with. How much family involvement does the family want? What are the family's expectations from the rehabilitation program? Are these expectations realistic?
14. Legal issues. Financial assistance from SSI/SSDI or private insurers was included. Guardianship, contact with criminal justice system, civil suits arising from accident, and confidentiality of information are other concerns.
15. Independent living. Where and how did consumer live before accident? Is the consumer living in his/her "natural" environment?
16. Vocational interests. Hobbies, job history, and stated interests prior to accident. St. Elizabeth's uses paper-and-pencil interest inventories to determine interests. The Wisconsin Occupational Information System is used for career explanation.
17. Achievements. Present ability in reading, spelling mathematics, and reading comprehension are needed. Estimated past skills in these areas were compared to present skills.
18. Transferrable skills. Pre-injury work history. If the consumer had an unskilled work history, are there any general skills? Does the consumer retain any of these skills?
19. Aptitude, perception, dexterities, and motor coordination testing.
20. Retention of learning. Does the consumer have the ability to learn new materials? Was he/she capable of retaining these new materials? What level of abstraction can he/she handle? How does he/she learn best (Ask him/her!).
21. Communication. Level of verbal ability. If nonverbal, how does he/she communicate (for example, signing and apparatus). Major input provided by speech therapist.
22. Chemical dependency. Whether there is a history of alcohol and/or drug abuse. There is a need to know the following: type of social life, support or treatment needed, and consumer's coping skills.

The purpose of this report was to provide all involved organizations with the same information on the consumer and to provide that information in functional, easily understood terms. Although information to complete this functional assessment comes from several professional staff, consumer self-description and insights form the basis for a large percent of the report.

### **Services Provided**

During the data collection period, the weekly hours of services in 28 separate categories



were recorded (Table 11.2 and Figure 11.1<sup>47</sup>). During data analysis, these 28 categories were combined into four larger groupings: pre-employment, employment services, community integration, and indirect. In reviewing Table 11.2, the reader should remember that all data are based on two consumers and that the number of Document 2s represents the number of weekly reports containing records of services in each category. For example, 84 Document 2s contained at least one pre-employment service.

Therefore, when determining the amount of services, both the number of records and the mean hours of services per week must be considered. In Table 11.2 the highest mean number of hours was 12.11 per week; the second highest number of mean hours per week was 5.62 in Community Integration. Indirect services hours were provided for a total of 108 weeks at a mean of 2.03 hours per week. This average most likely represents job placement and development activities. In summary, the number of hours of direct service provided both in employment and community integration were the highest of all programs in the Diffusion Network Project. This is consistent with the amount of individual service time reported during discussions with consumers and staff.

### Outcomes

At the end of the data collection period, the two consumers were both employed. Both were working at Valley Packaging Industries about 30 hours per week; one was also working part-time on the family farm. Both these young men continued to live with their families, as they had lived prior to their accidents.

### Summary

The program had two major characteristics: (a) the regular meeting of persons from St. Elizabeth's Hospital, Valley Packing Industries, Division of Vocational Rehabilitation, and Outagamie County Department of Human Services and (b) the provision of intensive, often individual, services to these two consumers. These meetings helped prevent the communication problems that are so common when several organizations attempt to cooperate to provide services to consumers. In addition, the program provided intensive services to two consumers who achieved employment prior to the project's end.

As with the other two programs for persons with traumatic brain injuries in Wisconsin, the major problem was funding for services and long-term support. Division of Vocational Rehabilitation counselors in the Appleton area appeared to be very hesitant in providing services to persons with brain injuries. Outagamie County human services staff had limited funds for long-term support and the bulk of these monies was budgeted for persons with mental retardation or persons with psychiatric disabilities. This meant that little or no long-term support funds were available for the targeted disability group of this program. In conclusion, this program had

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<sup>47</sup>See Appendix A for description of service categories.

considerable potential. However, because of funding problems the program never was able to demonstrate that potential.

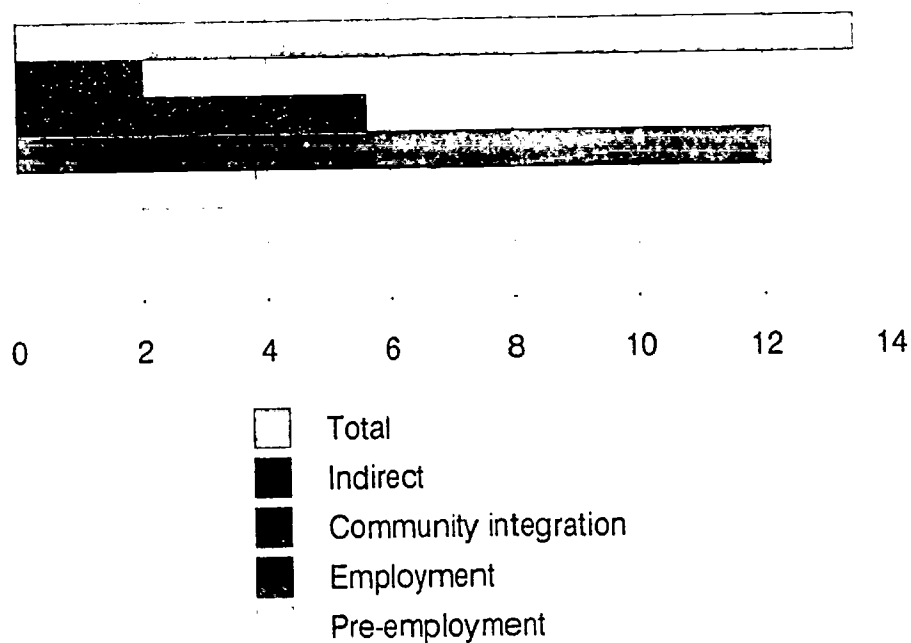
Although this Diffusion Network Project program did not serve many people during the time it was operating, it started a series of events that resulted in a considerable improvement in services to persons with traumatic brain injuries. Using the collaborative model established by the Diffusion Network Project, Valley Packaging facilitated the establishment of an inter-agency group to continue to provide services to persons with brain injuries. The Outagamie County Developmentally Disabled Unit, the state Division of Vocational Rehabilitation, and Valley Packaging were the major organizations in this endeavor. They developed agreements as to how services were funded and, more importantly, how the three organizations work together to learn how to provide the most effective services possible. Since the end of data collection in October, 1993, supported employment services have been provided to seven consumers with traumatic brain injuries, and a support group has been started for 10 consumers. Specialized services are now available in evaluation, case management, placement, and job coaching for persons with traumatic brain injuries. Funding is still an issue, but much has been done by mixing and matching the resources of these three organizations.

**Table 11.1. Major Events and Dates for:  
Community-Based Employment Program for Persons with Traumatic Brain Injury  
St. Elizabeth's Hospital and Valley Packaging Industries, Appleton, WI**

Major Program Events	Date
Calendar Year 1992. Site selected for Diffusion Network Project participation.	January 24, 1992
Initial technical assistance visit; communication problems between St. Elizabeth's Hospital and Valley Packaging Industries on need to be solved before program can begin; Division of Vocational Rehabilitation invited but did not attend.	February 26, 1992
Provided technical assistance on communication, mostly on not using medical terms and stating information in functional terms; helped involved agencies to develop a functional assessment form that could be completed by St. Elizabeth's staff and understood by Valley Packaging staff.	March 23, 1992
Community-Based Employment Program for Persons with Traumatic Brain Injury begins; start of data collection.	April 15, 1992
Training on medical and vocational aspects of traumatic brain injury at Milwaukee Center for Independence.	May 20, 1992
Training in job placement and community-based employment.	May 26, 1992
Beginning of problems in securing vocational rehabilitation support for consumers and Outagamie County Dept. of Human Services to provide long-term support.	July, 1992
Six-month consumer interview and technical assistance visit; continuing problems in obtaining cooperation with vocational rehabilitation; two consumers receiving intensive services.	September 4, 1992
Calendar Year 1993. Six-month consumer interview and technical assistance visit; discussion with St. Elizabeth's, Valley Packaging, Vocational Rehabilitation, and County Human Services on consumer support; no problems could be resolved until funding agencies begin to support consumers with traumatic brain injury.	February 3, 1993
Technical assistance visit to attend staffings on consumers and to resolve funding problems.	March 8, 1993
Six-month consumer interview and technical assistance visit; discussion with Director of County Dept. of Human Services on funding, no new or extra funding for persons with TBI were available.	May 10, 1993
St. Elizabeth's and Valley Packaging staff present on program at Wisconsin Conference for Persons with Traumatic Brain injury.	May 18, 1993
Six-month consumer interview and technical assistance visit; cooperation between County Dept. of Human Services, vocational rehabilitation, and other agencies begins to improve.	August 2, 1993
Staff resignations at St. Elizabeth's and Valley Packaging; two consumers active in program.	September, 1993
Data collection ends; services continue for two consumers active in program.	October 1, 1993

**Table 11.2. St. Elizabeth's Hospital and  
Valley Packaging Industries  
(Based on Information from Document 2)  
Descriptive Statistics for Weekly Hours of Service by  
Major Content Category**

Summary Category of Service	Mean	Standard Deviation	Range	Minimum	Maximum	Number of Document 2's
Pre-employment	3.81	3.02	14.50	0.50	15.00	84
Employment	12.11	8.90	27.50	0.50	28.00	80
Community Integration	5.62	6.08	22.00	0.25	22.25	69
Indirect	2.03	2.88	24.75	0.25	25.00	108
Total	13.45	9.70	35.25	0.25	35.50	141



**Figure 11.1  
St. Elizabeth's Hospital and  
Valley Packaging Industries  
Mean Weekly Hours of Services**

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## **Appendix A**

**Specific Categories of Document 2 Services Included  
in Each Content Category**



**Specific Categories of Document 2 Services Included in  
Each Content Category**

Major Content Category	Specific Categories of Service
Pre-employment Support	Assessment & vocational evaluation, job seeking skills, other skill training, and other.
Employment Support	On-site skills training, behavior management, monitoring productivity, employer training & advice, work related transportation, and other.
Community Integration	Non-work transportation, housing & residential help, health & medical needs, mental health care needs, planning with consumer and others, recreation & social assistance, support groups, & other.
Indirect Services	Reporting, administration, community awareness, job development, placement, coordination of services, networking, and other.

# Diffusion Network Project

## Volume III. Coding Instructions and Variables

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# Diffusion Network Project

## Volume III. Coding Instructions and Variables

Final Report to the

REHABILITATION SERVICES ADMINISTRATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
U.S. DEPARTMENT OF EDUCATION

Project Period: Oct. 1, 1990 to Sept. 30, 1993

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Innovative Strategies to Promote  
Vocational and Independent Living Outcomes  
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<sup>1</sup>Copies of Documents 1 through 4 are in Volume I, Appendix E.

## **Section I.**

### **Final Coding Instructions for Documents 1 Through 4**

# Diffusion Network Project

## Document 1: Consumer Referral and Demographic Information

### Coding Format and Instructions

Variable Number	Variable Code	Codes, Instructions, and Comments
1	CC1	Enter unique consumer code for each consumer in study. Make certain that all codes match throughout all documents. Prepare list of consumer names, social security numbers, date of birth, and consumer codes. Keep these secure. This list can be used to check the identity of other documents for the same consumer.
2	AC1	Enter one of the following Agency Codes: 01 = Human Development Center, Duluth 02 = Productive Alternatives, Fergus Falls 03 = Human Resources Associates, South St. Paul 04 = K.T.Q., Inc., Fairbault 05 = Scott-Carver Employability Project, Shakopee 06 = Rehabilitation Center of Sheboygan, Sheboygan 07 = Transitional Living Center, Milwaukee 08 = Black River Industries, Medford 09 = Functional Industries, Buffalo 10 = Milwaukee Center for Independence, Milwaukee 11 = St. Elizabeth's Hospital & Valley Packaging Industries, Appleton
3	DOE1	Date entered to program in two digit codes as follows: YYMMDD

#### Part 1 - Consumer Demographics

Name 4	NAME1	Enter full name
Sex 5	GENDER	Enter one code as follows: 1 = Male 2 = Female

Variable Number	Variable Code	Codes, Instructions, and Comments
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Date of Birth  
6            DOB1            Enter age in years.

Social Security Number  
7            SS1            Enter Social Security Number

Marital status  
8            MSTATUS            Enter one code as follows:  
1 = Single  
2 = Separated  
3 = Married  
4 = Widowed  
5 = Divorced  
6 = Living together

Race/ethnic status  
9            RSTATUS            Enter one code as follows:  
1 = Black  
2 = White  
3 = Hispanic  
4 = Native American  
5 = Oriental  
6 = Other

#### Education

Education status  
10           SPED            Enter one code as follows:  
1 = Special education  
2 = Regular  
9 = Don't know

Highest grade completed  
11           EDCOMPLETE            Enter highest grade completed 1 to 20.  
Count all education. 99 = GED

Vocational/technical school years completed  
12           VOTEC            Enter years of voc. tech. school 1 to 4.

College/university years completed  
13           COLLEGE            Enter years of college 1 to 5

Degree/certification/diploma earned  
14           DEGREE            Enter one code as follows: (If multiple,  
enter highest education level)  
1 = Certificate of attendance, public  
school  
2 = High school diploma  
3 = Certificate of completion, short-

Variable Number	Variable Code	Codes, Instructions, and Comments
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term educational course (e.g. food handlers)

- 4 = Journeyman, trade certificate, or trade license
- 5 = Associate degree (2 years)
- 6 = BS/BA
- 7 = BS/BS plus
- 8 = Graduate or professional degree
- 9 = Not known

Living arrangement at case opening  
15 LIVING Code as numbered on Document 1.

## Part 2 - Disability Information

Primary disability  
16 PDIS

Enter one code as follows:

- 1 = TBI - severe
- 2 = TBI - moderate
- 3 = TBI - mild
- 4 = TBI - severity not specified
- 5 = Schizophrenia
- 6 = Paranoid schizophrenia
- 7 = Major depression
- 8 = Bi-polar
- 9 = Personality disorder
- 10 = Organic
- 19 = MI other, specified
- 98 = MI not specified
- 99 = Not known

Onset of primary disability  
17 ONSETP

Onset of Primary Disability: Enter age of onset. If year of onset is given, determine age from subtracting this from birth year.

Secondary disability  
18 SDIS

Enter one code as follows:

- 1 = Personality disorder
- 2 = Obsessive compulsive
- 3 = Panic disorder
- 4 = Affective disorder
- 5 = MI other
- 6 = MI not specified
- 7 = TBI
- 8 = AODA
- 9 = Vision
- 10 = MR/DD

Variable Number	Variable Code	Codes, Instructions, and Comments
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11 = Orthopedic  
 12 = Cardiovascular  
 13 = Digestive  
 14 = Other internal  
 15 = Communication (speech/hearing)  
 18 = Multiple  
 19 = Other, specific  
 20 = Learning Disability  
 98 = No secondary disability  
 99 = Not known

Presence of MR/DD  
 19 MR

Enter one code as follows:  
 0 = Not present  
 1 = Present  
 9 = Not known

Presence of AODA  
 20 AODA

Enter one code as follows:  
 0 = Not present  
 1 = Present  
 9 = Not known

Referral agency  
 21 AGENCY

Enter one code as follows:  
 1 = Vocational rehabilitation (DVR, DRS)  
 2 = County social service  
 3 = Mental health agency (county/state)  
 4 = Other public or private agency  
 5 = Rehabilitation facility  
 6 = Court or legal system  
 7 = Within another program in the same agency (internal)  
 8 = Self-referral  
 9 = Family  
 10 = Physician/hospital  
 19 = Other, specified  
 99 = Not known

Reason for Referral  
 22 REASON

Enter one code as follows:  
 1 = General employment assistance;  
 consumer needs to find job  
 2 = Specific job skills needed (job  
 readiness skills, specific training in a  
 vocational area)  
 3 = Specific employment services needed  
 (job development, placement, assessment)  
 4 = Consumer wants to work

Variable Number	Variable Code	Codes, Instructions, and Comments
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5 = Community-integration assistance  
 6 = Specific independent living skills needed  
 7 = Specific independent living services needed  
 8 = Consumer considered work ready by service provider  
 9 = Consumer wants money.  
 10 = Consumer wants something to do.  
 18 = Multiple reasons  
 19 = Other, specific  
 99 = Not known

Vocational service setting prior to program entry  
 23 PRIORSER Enter one code as follows (OLD DOCUMENT 1 ONLY):  
 1 = Adult education/high school  
 2 = Employed in community  
 3 = Work activity  
 4 = Sheltered employment  
 5 = Unemployed  
 6 = Other

#### Mental Health Treatment

24 MHRTC Regional Treatment Center  
 25 MHTACI Acute care inpatient (community)  
 26 MHTRTR Residential treatment  
 27 MHTDT Day treatment or CSS  
 28 MHTO Outpatient mental health treatment  
 29 MHTCM Case management  
 30 MHTVPH Veteran's psychiatric hospital  
 Code "MH Treatment" as follows:  
 0 = Don't know  
 1 = L (lifetime)  
 2 = YR (during past year)  
 3 = UNK (unknown)

#### Psychiatric Hospitalizations During Past Year

31 NRTC Number of RTC Admissions. Enter number of admissions.  
 32 NACIA Number of acute care inpatient admissions. Enter number of admissions.  
 33 NVA Number of VA psychiatric hospital admissions. Enter number of admissions.  
 Code:  
 0 = Don't know.



Variable Number	Variable Code	Codes, Instructions, and Comments
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### Part 3 - Employment History

#### Employment status at case opening

34           ESTATUS           Employment status at case opening. Code as listed on Document 1.

#### Competitive Employment History for Last Two Years

##### Job Title

35           DOT1           Enter the 9 digit DOT code using  
40           DOT2           OASYS. In the field, keep a separate  
45           DOT3           list containing consumer name, ID  
50           DOT4           number, job title and SIC code.  
55           DOT5           (Sheltered; non-competitive - code  
60           DOT6           999999999.)

##### Place of Employment

36           PEMPLOY1  
41           PEMPLOY2  
46           PEMPLOY3           Enter the 4 digit SIC code. Record  
51           PEMPLOY4           place of employment on list as above.  
56           PEMPLOY5           (Sheltered; non-competitive - code  
61           PEPPLOY6           9999.)

##### Hourly Wage

37           HWAGE1  
42           HWAGE2  
47           HWAGE3           Enter hourly wage; include decimal.  
52           HWAGE4  
57           HWAGE5  
62           HWAGE6

##### Full- or Part-Time

38           FTPT1           Enter one code as follows:  
43           FTPT2           1 = Part-time (<30 hours per week)  
48           FTPT3           2 = Full-time (>30 hours per week)  
53           FTPT4           9 = Unknown  
58           FTPT5  
63           FTPT6

##### Dates of Employment

39           DEMPLOY1  
44           DEMPLOY2  
49           DEMPLOY3           Enter the number of months of employment  
54           DEMPLOY4           for each job held.  
59           DEMPLOY5  
64           DEMPLOY6

Variable Number	Variable Code	Codes, Instructions, and Comments
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65	TEMPLOY	Total years in competitive labor force. Enter total years worked, rounding off to nearest year.
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#### Part 4 - Source of Benefits

66	SSDI	SSDI
67	SSI	SSI
68	WC	Worker's compensation
69	GPA	General public assistance
70	PDI	Private disability insurance
71	MA	Medical assistance
72	AFDC	AFDC
73	VADIS	V.A. disability
74	MEDICARE	Medicare
75	INSET	Insurance settlements
76	OTHERBEN	Other benefits

Code "benefits" as follows::  
0 = Not present  
1 = Present  
If a specific amount is given, enter the  
exact dollar amount.

Does consumer have a VR counselor?

77	DRSCOUN	Enter one code as follows: 0 = No 1 = Yes
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#### Part 5 - Program Exit and Reentry

##### Dates Left

78	DATELEFT1	Enter the number of weeks since <u>initial</u>
82	DATELEFT2	program entry in which the consumer left
86	DATELEFT3	the program. (Use "Date Entered 90
	DATELEFT4	Diffusion Network Program" on Doc. 1 to
94	DATELEFT5	calculate program entry.)

##### Dates Returned

79	DATERET1	Enter the number of week since <u>initial</u>
83	DATERET2	program entry in which the consumer
87	DATERET3	returned to the program. (Use "Date
91	DATERET4	Entered Diffusion Network Program" on
95	DATERET5	Doc. 1 to calculate program return.)

##### Reason Left or Returned

80	REASON1
84	REASON2
88	REASON3
92	REASON4

Variable Number	Variable Code	Codes, Instructions, and Comments
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96	REASON5	<p>Enter one code as follows:</p> <p>1 = MI crisis or hospitalized</p> <p>2 = Hospitalized other than MI</p> <p>3 = Physical illness or injury</p> <p>4 = AODA treatment or involvement</p> <p>5 = Moved or family moved.</p> <p>6 = Needed a break from program</p> <p>7 = Involvement with criminal justice system</p> <p>8 = Family needs</p> <p>9 = To attend school</p> <p>10 = Evaluation completed</p> <p>11 = Doesn't like work</p> <p>12 = Got a job</p> <p>18 = Multiple reasons</p> <p>19 = Other, specific</p> <p>99 = Not known</p>
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What is He/She Doing Now?

81	DOING1
85	DOING2
89	DOING3
93	DOING4
97	DOING5

Code "Doing" as follows:

1 = Hospital with MI (MN - in RTC)

2 = Hospital or residential care facility - not MI related

3 = AODA treatment (inpatient or outpatient)

4 = Jail or prison

5 = Living in local community without support or with family

6 = Living in community beyond geographical boundaries of program

7 = Attending independent living center or similar program.

8 = Attending school

9 = Homemaker

10 = Competitively employed, not in program

11 = Sheltered employment

12 = Back in program

13 = Unemployed

14 = Working on mental health as outpatient

18 = Multiple activities

19 = Other, specific

99 = Not known

# Diffusion Network Project

## Document 2: Consumer Progress and Outcomes Coding Format and Instructions

Variable Number	Variable Code	Codes, Instructions, and Comments
1	WEEK2	Enter number of weeks that the consumer has been in the program. Get the program entry date from Document 1. For example, the fifth week in the program would be entered as a "5".
2	CC2	Enter unique consumer code for each consumer in study. Make certain that all codes match throughout all documents. Prepare list of consumer names, social security numbers, date of birth, and consumer codes. Keep these secure. This list can be used to check the identity of other documents for the same consumer.
3	AC2	Enter one of the following Agency Codes:  01 = Human Development Center, Duluth 02 = Productive Alternatives, Fergus Falls 03 = Human Resources Associates, South St. Paul 04 = K.C.Q., Inc., Fairbault 05 = Scott-Carver Employability Project, Shakopee 06 = Rehabilitation Center of Sheboygan, Sheboygan 07 = Transitional Living Center, Milwaukee 08 = Black River Industries, Medford 09 = Functional Industries, Buffalo 10 = Milwaukee Center for Independence, Milwaukee 11 = St. Elizabeth's Hospital & Valley Packaging Industries, Appleton
Name 4	NAME2	Enter full name

Variable Number	Variable Number	Codes, Instructions, and Comments
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# Part 1 - Days and Hours of Weekly Service

## Pre-Employment Support

5	ASSMT1	Assessment/vocational evaluation
6	JSS1	Job seeking skills
7	OST1	Other skill training
8	OTHER1	Other pre-employment support

## Employment Support

9	ONSITE2	On-site skills training
10	BMAN2	Behavior management
11	MONITOR2	Monitoring productivity
12	ET2	Employer Training/Advise
13	TRANS2	Transportation relating to work
14	OTHER2	Other employment support
15	OTHER21	Other employment support

## Community Integration

16	TRANS3	Transportation relating to community
17	HOUS3	Housing and residential
18	HEALTH3	Health and medical needs
19	FINAN3	Financial management
20	MHCARE3	Mental health care needs
21	PLAN3	Planning with consumer and others
22	REC3	Recreation
23	SUPPORT3	Support groups of all types
24	OTHER3	Other community integration
25	OTHER31	Other community integration

## Indirect Services Provided

26	REPORT4	Reporting
27	ADMIN4	Administration of program
28	COMMU4	Community Awareness
29	JOBDEV4	Job development
30	PLACE4	Placement
31	COORD4	Coordination of services
32	NET4	Networking
33	OTHER4	Other indirect services provided

Working with Consumers to Develop and Refine the Program  
34 DEVELOP5

Total Hours of Service for Week  
35 TOTALHRS

For each service that was provided during the week, enter the number of hours of service to the nearest quarter hour (.25). If hours are whole numbers, enter a decimal and zeros (i.e., .00). DO NOT ENTER THE DAYS OF THE WEEK THAT THIS SERVICE WAS PROVIDED.

Variable Number	Variable Number	Codes, Instructions, and Comments
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## Part 2 - Weekly Narrative

### Consumers's Goals

36	CGOALS1	Enter up to two consumer goals.
37	CGOALS2	

### Changes in Goals During this Week and Reason for Change

38	CHANGE1	Enter up to two changes in goals. Codes are listed below.
39	CHANGE2	

### Consumer Success in Meeting Goals

40	SUCCESS1	Enter up to two successes in meeting goals. Codes are listed below.
41	SUCCESS2	

### Critical Incidents

42	CRITINC1	Enter up to two critical incidents. Codes are listed below.
43	CRITINC2	

### General Comments

44	GENCOMT1	Enter up to two critical incidents. Codes are listed below.
45	GENCOMT2	

Consumer's Goals, Changes in Goals, Success, Critical Incidents,  
and General Comments:

For each narrative category enter up to two codes that best reflect the activities that occurred. If there is only one goal, goal change, success, critical incident, or comment, do not record anything for the second code. Select the most appropriate codes from the list given below. If there were no changes or no contact with the consumer during the week, enter the appropriate code.

Note of Coding: The intent of this classification was to include specific codes for specific activities. When possible use the most specific code and avoid general codes. However, if the entries on Document 2 are not clear or if you cannot understand what is being said, then you will have to use general codes.

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Document 2, Part 2: Codes for Weekly Narrative

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No Activity Codes:

- 001 = No change from last week; nothing happened.
- 002 = No contact with consumer during week
- 003 = Program lost contact with consumer
- 004 = Consumer left geographic area of program.
- 005 = Consumer dropped out of program voluntarily without finding a job.
- 006 = In another program with a job.
- 007 = Back in this program; no longer working
- 008 = Referred to other program.
- 009 = Consumer doesn't want to work competitively.
- 010 = Goal not attainable
- 011 = Goal Met

100 = Pre-employment Activities.

101 = General pre-employment activities. Specific activities not mentioned.

110 = Vocational assessment/evaluation (not specified)

- 111 = Agreed to participate
- 112 = Scheduled
- 113 = Participating
- 114 = Successfully completed
- 115 = Dropped out; quit; discontinued
- 119 = Other, specific

120 = Vocational planning (not specified)

- 121 = Agreed to participate
- 122 = Scheduled
- 123 = Participating
- 124 = Successfully completed
- 125 = Dropped out; quit; discontinued
- 126 = Developed specific job goals
- 127 = Developed specific steps to meet job goals.
- 128 = Changed from earlier goals to more realistic goals.
- 129 = Other, specific

130 = Job seeking skills training (not specified)

- 131 = Agreed to participate
- 132 = Scheduled
- 133 = Participating
- 134 = Successfully completed
- 135 = Dropped out; quit; discontinued
- 139 = Other, specific

140 = Pre-employment training (short-term, training in specific or general skills. Can include limited sheltered employment) (not specified)

- 141 = Agreed to participate



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Document 2, Part 2: Codes for Weekly Narrative

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- 142 = Scheduled
- 143 = Participated
- 144 = Successfully completed
- 145 = Dropped out; quit; discontinued
- 149 = Other, specific
  
- 150 = Job seeking (not specified)
  - 151 = Located specific employers
  - 152 = Contacted employer(s) and filled out application
  - 153 = Scheduled interview with employer(s)
  - 154 = Interviewed with employer(s)
  - 155 = Followed-up on interviews
  - 156 = Dropped out; quit; discontinued
  - 159 = Other, specific
  
- 160 = Made plans to become self-employed
- 161 = Trying to become self-employed
  
- 170 = Behavior working against job placement (general)
  - 171 = Worked on changing behavior
  - 172 = Will not change or improve behavior.
  
- 180 = Staffing (general meeting with others)
  - 181 = Time spent explaining program and opportunities.
  - 182 = Cancelled appointment
  
- 190 = Situational Assessment
  - 191 = Visiting potential sites
  - 192 = Nervous at assessment sites; wants to slow down
  - 193 = Relaxed, enjoyed assessment
  - 194 = Participated in assessment.
  
- 199 = Other pre-employment
  
- 200 = Employment
  - 201 = Employed; specific activities not mentioned.
  - 202 = Competitive employment wanted, but no specific goals stated; want to work in the near future.
  - 203 = No employment goals stated
  - 205 = Sheltered employment wanted.
  - 206 = Mobile crew or enclave placement wanted.
  - 207 = Job shadowing placement wanted, job area known
  - 208 = Wants support on job

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Document 2, Part 2: Codes for Weekly Narrative

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210 = Goal of individual competitive employment - Job area or specific job not known (not specified)

- 211 = Full-time permanent competitive
- 212 = Part-time permanent competitive
- 213 = Full-time temporary competitive
- 214 = Part-time temporary competitive
- 215 = Self-employment
- 219 = Other, specific

220 = Goal of individual competitive employment - Job area or specific job known (not specified)

- 221 = Full-time permanent competitive
- 222 = Part-time permanent competitive
- 223 = Full-time temporary competitive
- 224 = Part-time temporary competitive
- 225 = Self-employment
- 229 = Other, specific

230 = Volunteer work (not specified)

- 231 = Short-term goal to build resume; no specific job or tasks in mind.
- 232 = Short-term goal to build resume; specific job or tasks in mind.
- 233 = Job tryout goal to see if like or can do job.
- 234 = Performing volunteer work in irregular basis
- 235 = Performing volunteer work in a regular basis
- 236 = Observed by staff at volunteer work site
- 239 = Other, specific

240 = Hired for a job (not specified)

- 241 = Full-time permanent competitive
- 242 = Part-time permanent competitive
- 243 = Full-time temporary competitive
- 244 = Part-time temporary competitive
- 245 = Self-employment
- 247 = Sheltered employment
- 248 = Mobile crew or enclave
- 249 = Other, specific

250 = Prepared to start new job

260 = Started new job (not specified)

- 261 = Problems with co-workers and/or customers
- 262 = Problems with supervisors
- 263 = Problems learning job
- 264 = Problems with behaviors
- 265 = Problems with transportation
- 266 = Problems with medication
- 267 = Multiple problems with new job

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Document 2, Part 2: Codes for Weekly Narrative

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- 268 = Doing well on new job
- 269 = Other, specific
- 270 = Continuing on job (not specified)
  - 271 = Problems with co-workers and/or customers
  - 272 = Problems with supervisors
  - 273 = Problems learning job
  - 274 = Problems with behaviors
  - 275 = Problems with transportation
  - 276 = Problems with medication
  - 277 = Multiple problems with new job
  - 278 = Doing well on job
  - 279 = Training for job going well
  - 280 = Increase in hours
  - 281 = Increase in pay
  - 282 = Increase in responsibility
  - 283 = Performance acceptable or better
  - 284 = Consumer likes job
  - 285 = Laid off (not consumer's fault)
  - 286 = Hours of work or pay reduced
  - 287 = Received warning
  - 288 = Fired
  - 289 = Multiple success with job
  - 290 = Other, specific
  - 291 = Called in sick - took responsibility for absence
  - 292 = Absent without calling-in; left job without permission. Not taking responsibility
  - 293 = Behavior at job site acceptable
  - 294 = Quit or terminated program; kept job
  - 295 = Quite job
  - 297 = Does not like job
  - 298 = Told employer about SMI/ TBI.
- 299 = Other employment
- 300 = Educational and Training
  - 301 = General goals for additional formal training or education; no specific plans.
  - 310 = General educational goals - These goals are not related or are indirectly related to specific vocational or job goals (not specified)
    - 311 = Complete high school or GED
    - 312 = Short term or correspondence course
    - 313 = Technical or vocational training
    - 314 = Apprenticeship
    - 315 = Two year degree
    - 316 = BS/BA

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Document 2, Part 2: Codes for Weekly Narrative

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317 = BS/BA plus.  
319 = Other, specific

320 = Specific vocational related educational goals - These goals are related to obtaining an education or training that is needed or strongly recommended to obtaining specific vocational or job goals (not specified)

321 = Complete high school or GED  
322 = Short term or correspondence course  
323 = Technical or vocational training  
324 = Apprenticeship  
325 = Two year degree  
326 = BS/BA  
327 = BS/BA plus.  
329 = Other, specific

330 = Applying or applied for formal education or training (not specified)

331 = Complete high school or GED  
332 = Short term or correspondence course  
333 = Technical or vocational training  
334 = Apprenticeship  
335 = Two year degree  
336 = BS/BA  
337 = BS/BA plus.  
338 = Application rejected; not accepted  
339 = Other, specific

340 = Accepted for formal education or training (not specified)

341 = Complete high school or GED  
342 = Short term or correspondence course  
343 = Technical or vocational training  
344 = Apprenticeship  
345 = Two year degree  
346 = BS/BA  
347 = BS/BA plus.  
349 = Other, specific

350 = Preparing to start formal education or training (not specified)

351 = Arranging for financial assistance  
352 = Arranging for transportation  
353 = Arranging for changes in family, child care, etc.  
354 = Arranging for changes in housing  
355 = Arranging for changes in mental health, medical, self-help treatment and/or support  
358 = Multiple arrangements for school  
359 = Other, specific

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Document 2, Part 2: Codes for Weekly Narrative

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360 = Started in formal education or training (not specified)

- 361 = Complete high school or GED
- 362 = Short term or correspondence course
- 363 = Technical or vocational training
- 364 = Apprenticeship
- 365 = Two year degree
- 366 = BS/BA
- 367 = BS/BA plus.
- 369 = Other, specific

370 = Continuing in formal education or training (not specified)

- 371 = Problems with finances
- 372 = Problems with instructors
- 373 = Problems with learning
- 374 = Problems with behaviors
- 375 = Problems with transportation
- 376 = Problems with medication
- 377 = Other problems with education (e.g. not attending/not completing assignments)
- 378 = Multiple problems with education
- 379 = Doing well with education
- 380 = Above average grades, etc.
- 381 = Academic awards
- 382 = Change major or course of study
- 383 = Work study or school related employment
- 384 = Consumer likes school
- 385 = Number of courses/credits increased
- 386 = Number of courses/credits decreased
- 387 = Academic probation
- 388 = Quit; dropped out
- 389 = Flunked out
- 390 = Other, specific (e.g. work more important than school)

395 = Completed school, training, or degree

396 = Obtained license, certification, or completed apprenticeship

399 = Other, specific

400 = Housing

401 = Housing, general (not specified)

410 = Housing goals (not specified)

- 411 = Better housing
- 412 = Supported housing
- 413 = Have a greater level of independence
- 414 = Own condo or home
- 415 = Different room-mate

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Document 2, Part 2: Codes for Weekly Narrative

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- 416 = Live closer to work or school
- 417 = Just moving
- 418 = Move out of abusive housing or living situation
- 419 = Other, specific
  
- 420 = Housing positive or obtained (not specified)
  - 421 = Better housing
  - 422 = Supported housing
  - 423 = Have a greater level of independence
  - 424 = Own apartment or home
  - 425 = Different room-mate
  - 426 = Live closer to work or school
  - 427 = Got telephone
  - 428 = Looking for housing; waiting to here about housing.
  - 429 = Other, specific
  
- 430 = Housing negative or lost (not specified)
  - 431 = Better housing
  - 432 = Supported housing
  - 433 = Have a greater level of independence
  - 434 = Own condo or home
  - 435 = Different room-mate
  - 436 = Live closer to work/school
  - 427 = No telephone
  - 439 = Other, specific
  
- 449 = Other, specific
  
- 450 = Financial
  - 451 = Financial, general (not specified)
  
  - 460 = Financial goals (not specified)
    - 461 = Additional support
    - 462 = Get SSDI/SSI
    - 463 = Get off SSDI/SSI
    - 464 = Get AFDC or general relief
    - 465 = Get off AFDC or general relief
    - 466 = Educational financial assistance
    - 467 = Financial independence through employment
    - 468 = Financial independence
    - 469 = Other, specific
  
  - 470 = Financial positive or obtained (not specified)
    - 471 = Additional support
    - 472 = Get SSDI/SSI
    - 473 = Get off SSDI/SSI
    - 474 = Get AFDC or general relief
    - 475 = Get off AFDC or general relief

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Document 2, Part 2: Codes for Weekly Narrative

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- 476 = Educational financial assistance
- 477 = Financial independence through employment
- 478 = Financial independence
- 479 = Other, specific
- 480 = Financial negative or lost (not specified)
  - 481 = Additional support
  - 482 = Get SSDI/SSI
  - 483 = Get off SSDI/SSI
  - 484 = Get AFDC or general relief
  - 485 = Get off AFDC or general relief
  - 486 = Educational financial assistance
  - 487 = Financial independence through employment
  - 488 = Financial independence
  - 489 = Other, specific (e.g. general financial problems)
  - 490 = Losing funding for program support or program
- 499 = Other, specific
- 500 = Mental health
  - 501 = Mental health, general (not specified)
  - 510 = Mental health goals (not specified)
    - 511 = Mental health group treatment, class goals
    - 512 = Mental health individual treatment
    - 513 = Mental health self-help group
    - 514 = Psychotropic medication maintenance and regulation, including taking to psychiatrist about needs
    - 515 = AODA out-patient treatment
    - 516 = AODA in-patient treatment
    - 517 = AODA self-help group
    - 518 = Multiple mental health and/or AODA
    - 519 = Other, specific
  - 520 = Mental health positive or attained (Attending or participating in services) (not specified)
    - 521 = Mental health group treatment
    - 522 = Mental health individual treatment
    - 523 = Mental health self-help group
    - 524 = Psychotropic medication maintenance and regulation. Taking medication as prescribed.
    - 525 = AODA out-patient treatment
    - 526 = AODA in-patient treatment
    - 527 = AODA self-help group
    - 528 = Multiple mental health and/or AODA
    - 529 = Other, specific



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Document 2, Part 2: Codes for Weekly Narrative

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- 530 = Mental health negative or lost (Not attending or participating in services) (not specified)
- 531 = Mental health group treatment
- 532 = Mental health individual treatment
- 533 = Mental health self-help group
- 534 = Psychotropic medication maintenance and regulation. Not taking medication as prescribed
- 535 = AODA out-patient treatment
- 536 = AODA in-patient treatment
- 537 = AODA self-help group
- 538 = Multiple mental health and/or AODA
- 539 = Other, specific (e.g. meds changed, problems w/medications but taking as prescribed)
  
- 540 = Alcohol and other drug involvement (not specified)
- 541 = Actively abusing
- 542 = Trying to quit or moderate
- 543 = Attained abstinence or controlled use
- 544 = Being pressured to use again
- 545 = Consumer told he/she must be chemical free before job development will occur
- 548 = Other, specific
  
- 549 = Other, specific
  
- 550 = Physical health
  
- 551 = Physical health, general (not specified)
  
- 560 = Physical health, goals (not specified)
- 561 = Physical capacities or weakness
- 562 = Weight control
- 563 = Hypertension control
- 564 = Allergies
- 565 = Orthopedic
- 566 = Sensory
- 568 = Multiple physical health
- 569 = Other, specific
  
- 570 = Physical health, positive or obtained (not specified)
- 571 = Physical capacities or weakness
- 572 = Weight control
- 573 = Hypertension control
- 574 = Allergies
- 575 = Orthopedic
- 576 = Sensory
- 578 = Multiple physical health
- 579 = Other, specific

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Document 2, Part 2: Codes for Weekly Narrative

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580 = Physical health, negative or lost (not specified)  
581 = Physical capacities or weakness  
582 = Weight control  
583 = Hypertension control  
584 = Allergies  
585 = Orthopedic  
586 = Sensory  
587 = Work related injury or illness  
588 = Multiple physical health  
589 = Other, specific (e.g., unable to sleep)

599 = Other, specific

600 = Personal relationships

601 = Personal relationships, general (not specified)

610 = Personal relationships, goals (not specified)

611 = Parents  
612 = Siblings  
613 = Children  
614 = Spouse  
615 = Significant other  
616 = Friend  
617 = Persons at work  
618 = Multiple relationships  
619 = Other, specific

620 = Personal relationship, positive or obtained (not specified)

621 = Parents  
622 = Siblings  
623 = Children  
624 = Spouse  
625 = Significant other  
626 = Friend  
627 = Persons at work  
628 = Multiple relationships  
629 = Other, specific

630 = Personal relationships, negative or lost (not specified)

631 = Parents  
632 = Siblings  
633 = Children  
634 = Spouse  
635 = Significant other  
636 = Friend  
637 = Persons at work  
638 = Multiple relationships

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Document 2, Part 2: Codes for Weekly Narrative

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- 639 = Other, specific
- 640 = Family
- 649 = Other, specific
- 650 = Recreation and Social
  - 651 = Recreation, general (not specified)
  - 660 = Recreation, goals (not specified)
    - 661 = Church, temple, spiritual, religious groups
    - 662 = Sports
    - 663 = Social organizations
    - 664 = Hobbies, sports, and crafts observing
    - 665 = Hobby, sports, and craft groups participating
    - 666 = Movies, performing arts, fine arts, literary or intellectual groups or organizations
    - 667 = Family and/or friends
    - 668 = Multiple goals
    - 669 = Other, specific
  - 670 = Recreation, positive or obtained (not specified)
    - 671 = Church, temple, spiritual, religious groups
    - 672 = Sports
    - 673 = Social organizations
    - 674 = Hobbies, sports, and crafts observing
    - 675 = Hobby, sports, and craft groups participating
    - 676 = Movies, performing arts, fine arts, literary or intellectual groups or organizations
    - 677 = Family and/or friends
    - 678 = Multiple goals
    - 679 = Other, specific
  - 680 = Recreation, negative or lost (not specified)
    - 681 = Church, temple, spiritual, religious groups
    - 682 = Sports
    - 683 = Social organizations
    - 684 = Hobbies and crafts
    - 685 = Hobby and craft groups
    - 686 = Performing arts, fine arts, literary or intellectual groups or organizations
    - 687 = Family and/or friends
    - 688 = Multiple goals
    - 689 = Other, specific
  - 690 = Other, specific
- 695 = Other non-vocational goals (not specified)
  - 696 = Other non-vocational goals
  - 697 = Other non-vocational goals, positive or obtained

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Document 2, Part 2: Codes for Weekly Narrative

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698 = Other non-vocational goals, negative or lost  
699 = Other, specific

700 = Independent living

701 = Independent living skills, specific activities not mentioned

710 = Assessment of IL needs and/or skills (not specified)  
711 = Personal care and health maintenance skills  
712 = Housekeeping skills (cooking, shopping, cleaning, laundry)  
713 = Budgeting, money management, and banking skills  
714 = Transportation skills  
715 = Medication management skills  
716 = Crisis self-referral skills  
717 = Sexual awareness and/or interpersonal skills  
718 = General assessment of all IL skills  
719 = Other, specific

720 = Independent Living, positive or obtained (not specified)  
721 = Personal care and health maintenance skills  
722 = Housekeeping skills (cooking, shopping cleaning, laundry)  
723 = Budgeting, money management, and banking skills  
724 = Transportation skills  
725 = Medication management skills  
726 = Crisis self-referral skills  
727 = Sexual awareness and/or interpersonal skills  
728 = General assessment of all IL skills  
729 = Other, specific

730 = Independent Living, negative or lost (not specified)  
731 = Personal care and health maintenance skills  
732 = Housekeeping skills (cooking, shopping, cleaning, laundry)  
733 = Budgeting, money management, and banking skills  
734 = Transportation skills  
735 = Medication management skills  
736 = Crisis self-referral skills  
737 = Sexual awareness and/or interpersonal skills  
738 = General assessment of all IL skills  
739 = Other, specific

749 = Other, specific

750 = Major crisis events (not specified)  
751 = Psychiatric break,  
752 = Hospitalized

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Document 2, Part 2: Codes for Weekly Narrative

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- 753 = Serious accident or injury
  - 754 = Death of close family member
  - 755 = Death of significant other
  - 756 = End long-term personal relationship
  - 757 = Arrested
  - 758 = Civil or criminal court appearance
  - 759 = Jail
  - 760 = Placed on probation or parole
  - 761 = Attempted suicide
  - 762 = Job coach, psychiatrist, case worker, etc. leaving
  - 763 = Talked about suicide
  - 764 = Suspected of criminal activity
  - 765 = Obtained more freedom or control
  - 799 = Other, specific
- 990 = Death
- 998 = Suicide of consumer
  - 999 = Consumer died; not suicide

# Diffusion Network Project

## Document 3: Consumer Progress and Outcomes

### Coding Format and Instructions

Variable Number	Variable Code	Codes, Instructions, and Comments
1	CC3	Enter unique consumer code for each consumer in study. Make certain that all codes match throughout all documents. Prepare list of consumer names, social security numbers, date of birth, and consumer codes. Keep these secure. This list can be used to check the identity of other documents for the same consumer.
2	AC3	Enter one of the following Agency Codes: 01 = Human Development Center, Duluth 02 = Productive Alternatives, Fergus Falls 03 = Human Resources Associates, South St. Paul 04 = K.C.Q., Inc., Fairbault 05 = Scott-Carver Employability Project, Shakopee 06 = Rehabilitation Center of Sheboygan, Sheboygan 07 = Transitional Living Center, Milwaukee 08 = Black River Industries, Medford 09 = Functional Industries, Buffalo 10 = Milwaukee Center for Independence, Milwaukee 11 = St. Elizabeth's Hospital & Valley Packaging Industries, Appleton
3	NAME3	Enter full name
4	INAME3	Enter Interviewer's name
5	DOE3	Date entered to program in two digit codes as follows: YYMMDD
6	WEEK3	Date of Interview: Enter week since entering the program. If this information is not on this form, get program entry date from Document 1. For example, the 40th week in the program would be entered as a "40".

Variable Number	Variable Code	Codes, Instructions, and Comments
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## Part 1 - Employment

### Present Job

Are you now working? If "yes, describe you job.

7 NWORK

Are you now working?

1 = No

2 = Yes

If consumer is not working do not enter any codes for variables: JOBDES, JOBTYP, LIKE1, and DLIKE1.

8 JOBDES

If "yes," describe your job.

Job Title: Enter nine digit DOT code.

If you can't classify the job title in the field, write down the job title and any other information and code upon return. If the person is in sheltered employment, classify his/her job by the closest competitive job in the DOT. If you can't classify a sheltered job, enter a "999999999" code.

9 JOBTYP

Enter one code as follows:

1 = Sheltered employment

2 = Mobile crew or enclave

3 = Individual placement, on-the-job supports by staff

4 = Individual placement, no on-the-job supports by staff

5 = Support from co-workers and supervisor (natural supports)

6 = Self-employed

10 = Other, specific

99 = Don't know

What do you like about your job?

10 LIKE1

Enter one code as follows:

1 = Nothing - totally dislike job

2 = Hours

3 = Tasks; job duties

4 = Supervision

5 = Co-workers

6 = Contact with customers

7 = Pay and benefits

8 = Chance for promotion

9 = Like everything about job; no "dislikes."



Variable Number	Variable Code	Codes, Instructions, and Comments
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18 = Multiple "likes" (but not everything)  
 19 = Other, specific  
 99 = Don't know

What don't you like about your job?

11            DISLIKE1      Enter one code as follows:  
                              1 = Nothing - Like everything about job  
                              2 = Hours  
                              3 = Tasks; job duties  
                              4 = Supervision  
                              5 = Co-workers  
                              6 = Contact with customers  
                              7 = Pay and benefits  
                              8 = No chance for promotion  
                              9 = Dislike everything about job; no "likes".  
                              10 = Don't like working alone  
                              18 = Multiple "dislikes" (but not everything)  
                              19 = Other, specific  
                              99 = Don't know

### Present Employment Goals

What are your present employment goals?

12            GOAL1      Enter one code as follows:  
                              1 = Competitive employment wanted, but no specific goals stated; want to work in the near future.  
                              2 = Sheltered employment wanted.  
                              3 = Mobile crew or enclave placement wanted.  
                              4 = Full-time permanent competitive  
                              5 = Part-time permanent competitive  
                              6 = Full-time temporary competitive  
                              7 = Part-time temporary competitive  
                              8 = Self-employment  
                              9 = Another job, type and hours not specified  
                              19 = Other, specific  
                              98 = No goals given  
                              99 = Don't know

How does this job fit into your present employment goals?

13            FIT1      Enter one code as follows:  
                              1 = No goals stated  
                              2 = Just a job; not related to employment goals

Variable Number	Variable Code	Codes, Instructions, and Comments
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3 = Gain experience for other positions related to present job  
 4 = Entry level position for a specific career  
 5 = Gain experience for other positions not related to present job  
 6 = Earn money for school  
 18 = Multiple goals  
 19 = Other, specific  
 99 = Don't know; no goals given

How did you decide on these employment goals?

14 DECIDE

Enter one code as follows:

1 = No employment goals  
 2 = Have not decided; still trying to choose  
 3 = Long standing goals; had for several years  
 4 = Result of talking with case managers, job placement staff, etc.  
 5 = Result of vocational evaluation or assessment  
 6 = Result of occupational exploration  
 7 = Decided for self.  
 8 = No conscious decision; just want to do it  
 9 = Previous employment experiences or jobs  
 10 = Family influence  
 11 = Friend's influence  
 18 = Multiple influence  
 19 = Other, specific  
 99 = Don't know

What progress have you made toward these employment goals?

15 Progress

Enter one code as follows:

1 = Pre-placement activities (assessment or evaluation; job seeking skills)  
 2 = Searching of job  
 3 = Getting experience on present job  
 4 = Getting on-the-job or other training  
 5 = Successfully attending school  
 6 = Successfully working part-time  
 7 = Successfully working full-time  
 8 = Multiple progress  
 19 = Other, specific  
 98 = No progress, no goals  
 99 = Don't know

Variable Number	Variable Code	Codes, Instructions, and Comments
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Have there been any major changes in your employment program since you started?

16            CHANGE            Code if changes have/not been made:  
                                  1 = No  
                                  2 = Yes  
                                  If "yes," enter the code for the single  
                                  most important change

17            WCHANGES            Enter one code as follows:  
                                  1 = Changed career goals  
                                  2 = Got a part-time job  
                                  3 = Got a full-time job  
                                  4 = Changed jobs  
                                  5 = Lost a job for whatever reason  
                                  6 = Attending school full or part time  
                                  7 = No longer want to work  
                                  8 = Some problems with current job  
                                  18 = Multiple reasons  
                                  19 = Other, specific  
                                  98 = No changes  
                                  99 = Don't know

### Employment Services

What services have been the most helpful in helping you reach your employment goals?

18            HSERVICE            Enter one code as follows:  
                                  1 = Pre-placement services (vocational  
                                  planning, assessment, job seeking  
                                  skills)  
                                  2 = Job placement or job development  
                                  3 = Training or education  
                                  4 = Experience in sheltered or other  
                                  non-competitive employment  
                                  5 = Volunteer work, job experience  
                                  6 = Enclaves or mobile crews  
                                  7 = Job coaching or other support during  
                                  working hours  
                                  8 = Informal support from co-workers and  
                                  supervisor  
                                  9 = After hours support (job club,  
                                  support groups)  
                                  18 = Multiple services  
                                  19 = Other specific  
                                  98 = No services have been helpful  
                                  99 = Don't know

Variable Number	Variable Code	Codes, Instructions, and Comments
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What services have not been helpful in helping you reach your employment goal?

19	NHSERVE	<p>Enter one code as follows:</p> <p>1 = Pre-placement services (vocational planning, assessment, job seeking skills)</p> <p>2 = Placement or job development</p> <p>3 = Training or education</p> <p>4 = Experience in sheltered or other non-competitive employment</p> <p>5 = Volunteer work or job experience</p> <p>6 = Enclaves or mobile crews</p> <p>7 = Job coaching or other support during working hours</p> <p>8 = After hours support (job club, support groups)</p> <p>9 = Multiple services</p> <p>10 = Another job placement service</p> <p>11 = Social services</p> <p>19 = Other specific</p> <p>98 = All services have been helpful</p> <p>99 = Don't know</p>
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## Part 2 - Independent Living and Community Integration

### Present Community Integration

Please describe where you live

20	LIVES	<p>Enter one code as follows:</p> <p>1 = Jail/correctional facility</p> <p>2 = Regional Treatment Center (Minnesota only) or state hospital (Wisconsin only)</p> <p>3 = Other inpatient psychiatric facility</p> <p>4 = Nursing Home</p> <p>5 = Rule 36 - Category I (Minnesota only)</p> <p>6 = Rule 36 - Category II (Minnesota only)</p> <p>7 = Chemical dependency halfway house (Minnesota Rule 35 facility)</p> <p>8 = Board and care (Group Home)</p> <p>9 = Board and lodging</p> <p>10 = Foster care</p> <p>11 = Supported housing services, include supervised apartments (in Minnesota not Rule 36)</p> <p>12 = Independent living (Alone, with spouse, significant other, friends)</p> <p>13 = Transient or homeless</p> <p>14 = Family (parents or guardian)</p>
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Variable Number	Variable Code	Codes, Instructions, and Comments
		19 = Other, specific 98 = No description given 99 = Don't know
21	HELPLIVE	How much help do you get where you live? Enter one code as follows: 1 = Live-in support 2 = Staff on call 3 = Regular staff visits 4 = No formal supervision 18 = Multiple help 19 = Other, specified 99 = Don't know
22	DFRIENDS3	Are you able to make your own decisions about friends and how you spend your time? Enter one code as follows: 1 = No 2 = Yes 9 = Don't know
23	PRIVACY3	Is your right to privacy respected? Enter one code as follows: 1 = No 2 = Yes 9 = Don't know
24	INVOLV	Are you involved in community and/or religious organizations? (Enter up to three organizations). Enter one code as follows: 1 = No 2 = Yes 9 = Don't know If response is "yes," enter the codes of up to three organizations:
25	ORG1	
26	ORG2	
27	ORG3	Enter one code as follows: 1 = Church, temple, spiritual, religious groups 2 = Outdoor sports teams or groups 3 = Indoor sports team or groups 4 = Social organizations 5 = Service organizations 6 = Hobby and craft groups 7 = Performing arts, fine arts, literary or intellectual groups, organizations 8 = Self-help groups mental health 9 = Self-help groups AODA

Variable Number	Variable Code	Codes, Instructions, and Comments
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10 = Volunteer work  
 19 = Other, specific  
 98 = No involvement  
 99 = Don't know

#### Present Independent Living Goals

In what kind of a place would you like to live?

28            LLIVE            Enter one code as follows:  
                                  1 = Board and care (group home)  
                                  2 = Board and lodging  
                                  3 = Foster care  
                                  4 = Handicap cooperative  
                                  5 = Rent apartment or mobile home  
                                  6 = Rent house  
                                  7 = Buy condo, mobile home, or house  
                                  19 = Other, specific  
                                  99 = Don't know

How do these goals fit with your present living condition?

29            LFIT            Enter one code as follows:  
                                  1 = Present living situation is  
                                  preparation for future goals  
                                  2 = Present living situation is not  
                                  related to future goals  
                                  3 = Present living situation interferes  
                                  with future goals  
                                  19 = Other, specific  
                                  98 = No goals stated  
                                  99 = Don't know

How did you decide on these independent living goals?

30            HOWD            Enter one code as follows:  
                                  1 = Have not decided; still trying to  
                                  choose  
                                  2 = Long standing goals; decided on  
                                  these several years ago  
                                  3 = Result of talking with case  
                                  managers, housing providers, etc.  
                                  4 = Result of independent living  
                                  assessment or evaluation  
                                  5 = Result of talking with mental health  
                                  therapist  
                                  6 = Recently decided for self.  
                                  7 = No conscious decision; just want to  
                                  do it  
                                  8 = Lived independently before  
                                  disability; want to return to this life  
                                  style  
                                  9 = Family influence



Variable Number	Variable Code	Codes, Instructions, and Comments
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10 = Friend's influence  
 18 = Multiple reasons  
 19 = Other, specific  
 98 = No goals  
 99 = Don't know

What progress have you made toward these independent living goals?

31 ILPROG

Enter one code as follows:

1 = Changed IL goals  
 2 = Moved into a place with greater independence  
 3 = Less staff supervision in present residence  
 4 = Moved into a place with less independence  
 5 = Increased staff supervision  
 6 = Increased IL skills in personal care and health maintenance  
 7 = Increased IL skills in housekeeping (cooking, shopping, cleaning, laundry)  
 8 = Increased IL skills in budgeting, money management, and banking  
 9 = Increased IL skills in transportation  
 10 = Increased IL skills in medication management  
 11 = Increased IL skills in crisis self-referral  
 12 = Increase IL skills in several areas.  
 18 = Multiple progress  
 19 = Other, specific  
 98 = No progress; no changes  
 99 = Don't know

Have there been any major changes in your independent living program since you started? If "yes," what are they?

32 ILSTART

Code if changes have/not been made:

1 = No  
 2 = Yes  
 If "yes," enter the single most relevant code:

33 ILCHANGE

Enter one code as follows:

1 = Changed IL goals  
 2 = Moved into a place with greater independence  
 3 = Less staff supervision in present resident



Variable Number	Variable Code	Codes, Instructions, and Comments
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4 = Moved into a place with less independence  
 5 = Increased staff supervision  
 6 = Increased IL skills in personal care and health maintenance  
 7 = Increased IL skills in housekeeping (cooking, shopping, cleaning, laundry)  
 8 = Increased IL skills in budgeting, money management, and banking  
 9 = Increased IL skills in transportation  
 10 = Increased IL skills in medication management  
 11 = Increased IL skills in crisis self-referral  
 12 = Increase IL skills in several areas.  
 13 = Decreased staff supervision  
 14 = Decreased IL skills in personal care and health maintenance  
 15 = Decreased IL skills in housekeeping (cooking, shopping, cleaning, laundry)  
 16 = Decreased IL skills in budgeting, money management, and banking  
 17 = Decreased IL skills in transportation  
 18 = Decreased IL skills in medication management  
 19 = Decreased IL skills in crisis self-referral  
 20 = Decrease IL skills in several areas.  
 29 = Other, specific  
 30 = Working; making own money  
 99 = Don't know

#### Independent Living Services

What services have been the most helpful in reaching your independent living goals?

34 ILSERV1

Enter one code as follows:

1 = No services received  
 2 = Changed IL goals  
 3 = Help in moving into a place with greater independence  
 4 = Less staff supervision  
 5 = Help in moving into a place with less independence  
 6 = Staff supervision

Variable Number	Variable Code	Codes, Instructions, and Comments
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7 = Learning skills in personal care and health maintenance  
 8 = Learning in housekeeping (cooking, shopping, cleaning, laundry)  
 9 = Learning IL skills in budgeting, money management, and banking  
 10 = Learning IL skills in transportation  
 11 = Learning IL skills in medication management  
 12 = Learning IL skills in crisis self-referral  
 13 = Learning IL skills in several areas.  
 14 = General financial assistance  
 15 = Help dealing with Social Security  
 16 = Funding transportation  
 21 = Learning IL skills in several areas.  
 29 = Other, specific  
 98 = Nothing helpful  
 99 = Don't know

What services have not been helpful in helping you reach your independent living goals?

35           NILSERV1

Enter one code as follows:

1 = No services received  
 2 = Changed IL goals  
 3 = Help in moving into a place with greater independence  
 4 = Less staff supervision  
 5 = Help in moving into a place with less independence  
 6 = Staff supervision  
 7 = Learning skills in personal care and health maintenance  
 8 = Learning in housekeeping (cooking, shopping, cleaning, laundry)  
 9 = Learning IL skills in budgeting, money management, and banking  
 10 = Learning IL skills in transportation  
 11 = Learning IL skills in medication management  
 12 = Learning IL skills in crisis self-referral  
 13 = Learning IL skills in several areas  
 14 = General financial assistance  
 15 = Help dealing with Social Security  
 16 = Funding transportation

Variable Number	Variable Code	Codes, Instructions, and Comments
--------------------	------------------	-----------------------------------

17 = Help in finding a better job  
 21 = Learning IL skills in several areas  
 29 = Other, specific  
 98 = Nothing helpful  
 99 = Don't know

### Part 3 - Changes in Consumer's Condition

Has your physical condition changed in the past six months?

36           PCCHANGE       Enter one code as follows:  
                           1 = No change  
                           2 = Gotten better  
                           3 = Gotten worse  
                           9 = Don't know  
                           If there have been changes, code changes  
                           as follows:

37           HCHANGE       Enter one code as follows:  
                           1 = Physical capacities or weakness  
                           2 = Weight control  
                           3 = Hypertension control  
                           4 = Allergies  
                           5 = Orthopedic  
                           6 = Sensory  
                           7 = Multiple physical health  
                           8 = Work related injury  
                           9 = Other, specific

Has your mental health condition changed in the past six months?

38           NHCHANGE       Enter one code as follows:  
                           1 = No change  
                           2 = Gotten better  
                           3 = Gotten worse  
                           9 = Don't know  
                           If there have been changes, code changes  
                           as follows:

39           HMCHANGE       Enter one code as follows:  
                           1 = Stress  
                           2 = Depression  
                           3 = Bi-polar (manic-depressive)  
                           4 = Hearing voices  
                           5 = Seeing illusions  
                           6 = Fear  
                           7 = Paranoia  
                           8 = Obsessive/compulsive  
                           9 = AODA  
                           10 = Stabilized on medications  
                           11 = Support from others  
                           18 = Multiple reasons

Variable Number	Variable Code	Codes, Instructions, and Comments
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19 = Other, specific  
 20 = Change in psychotropic medication  
 type or level  
 21 = Started psychotropic medication  
 22 = Stopped psychotropic medication  
 99 = Don't know

Have you missed participating in activities as a result of  
 physical or mental health problems?

40           MISSACT           Code if changes have/not been made:  
                                   1 = No  
                                   2 = Yes  
                                   If "yes," enter the single most relevant  
                                   code for each of the following  
                                   variables:

41           AAWORK           Work  
                                   1 = Nothing missed  
                                   2 = Missed  
                                   9 = Don't know

42           AAFAMILY        Family  
                                   1 = Nothing missed  
                                   2 = Missed  
                                   9 = Don't know

43           AAEMPLOY        Employment services  
                                   1 = Nothing missed  
                                   2 = Missed  
                                   9 = Don't know

44           AAREC           Recreation/Social  
                                   1 = Nothing missed  
                                   2 = Missed  
                                   9 = Don't know

45           AALIVING        Living where you wanted to  
                                   1 = Nothing missed  
                                   2 = Missed  
                                   9 = Don't know

46           AAOTHER         Other  
                                   1 = Nothing missed  
                                   2 = Missed  
                                   9 = Don't know

47           STRESS           Enter the stress rating - 1 through 5

Variable Number	Variable Code	Codes, Instructions, and Comments
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#### Part 4 - Critical Incidents

What has been the most important thing that has happened to you in the last four months?

48 MITHING

49 WMITHING

Code the two most important things that happened to the consumer. Use codes for Document 2: Consumer Week at a Glance, Part 2 - Weekly Narrative. Enter up to two 3-digit codes (e.g., two events).

In the last six months, what are you the most proud of?

50 PROUDOF1

51 PROUDOF2

Code the two things that consumer is the most proud of. Use codes for Document 2: Consumer Week at a Glance, Part 2 - Weekly Narrative. Enter up to two 3-digit codes (e.g., two events).

In the past six months, what have been the worst thing that has happened to you?

52 WORST1

53 WORST2

Code the two worst things that happened to the consumer. Use codes for Document 2: Consumer Week at a Glance, Part 2 - Weekly Narrative. Enter up to two 3-digit codes (e.g., two events).

# Diffusion Network Project

## Document 4: Consumer Success and Outcome Report

### Coding Format and Instructions

Variable Number	Variable Code	Codes, Instructions, and Comments
1	CC4	Enter unique consumer code for each consumer in study. Make certain that all codes match throughout all documents. Prepare list of consumer names, social security numbers, date of birth, and consumer codes. Keep these secure. This list can be used to check the identity of other documents for the same consumer.
2	AC4	Enter one of the following Agency Codes: 01 = Human Development Center, Duluth 02 = Productive Alternatives, Fergus Falls 03 = Human Resources Associates, South St. Paul 04 = K.C.Q., Inc., Fairbault 05 = Scott-Carver Employability Project, Shakopee 06 = Rehabilitation Center of Sheboygan, Sheboygan 07 = Transitional Living Center, Milwaukee 08 = Black River Industries, Medford 09 = Functional Industries, Buffalo 10 = Milwaukee Center for Independence, Milwaukee 11 = St. Elizabeth's Hospital & Valley Packaging Industries, Appleton
Name 3	NAME4	Enter full name
Date of Program Entry 4	DOE4	Date the consumer entered the program in two digit codes as follows: YYMMDD
Today's Date.		
5	WEEK4	Using the date of program entry and today's date, calculate the week since entering the program. If this information is not on this form, get

Variable Number	Variable Code	Codes, Instructions, and Comments
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program entry date from Document 1. For example, the 40th week in the program would be entered as a "40"

6	INAME4	Record the full name of the interviewer
---	--------	---

#### Part 1 - Independent Living

Where does the consumer presently live?

7	LIVE4	<p>Enter one code as follows:</p> <ul style="list-style-type: none"> <li>1 = Jail/correctional facility</li> <li>2 = Regional Treatment Center (Minnesota only) or state hospital (Wisconsin only)</li> <li>3 = Other inpatient psychiatric facility</li> <li>4 = Nursing Home</li> <li>5 = Rule 36 - Category I (Minnesota only)</li> <li>6 = Rule 36 - Category II (Minnesota only)</li> <li>7 = Chemical dependency halfway house (Minnesota Rule 35 facility)</li> <li>8 = Board and care (Group Home)</li> <li>9 = Board and lodging</li> <li>10 = Foster care</li> <li>11 = Supported housing services, include supervised apartments (in Minnesota not Rule 36)</li> <li>12 = Independent living (Alone, with spouse, significant other, friends)</li> <li>13 = Transient or homeless</li> <li>14 = Family (parents or guardian)</li> <li>15 = Independent with support</li> <li>19 = Other, specific</li> <li>98 = No description given</li> <li>99 = Don't know</li> </ul>
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If the consumer lives in a group home or other residential setting, who operates or manages this housing?

8	MANAGES	<p>Enter one code as follows:</p> <ul style="list-style-type: none"> <li>1 = This agency or facility</li> <li>2 = Public housing authority, city or county housing</li> <li>3 = Non-profit social agency</li> <li>4 = Religious organization</li> <li>5 = Private for-profit</li> <li>18 = Multiple owners</li> <li>19 = Other, specific</li> <li>98 = Not applicable</li> <li>99 = Don't know</li> </ul>
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Variable Number	Variable Code	Codes, Instructions, and Comments
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What types of support are provided?

- 9           SUPTYPE   Enter one code as follows:
- 1 = Staff supervision
  - 2 = Personal care and health maintenance
  - 3 = Housekeeping (cooking, shopping, cleaning, laundry)
  - 4 = Budgeting, money management, and banking
  - 5 = Transportation
  - 6 = Medication management
  - 7 = Crisis self-referral
  - 8 = Help in several areas
  - 9 = Staff on call
  - 10 = Case manager as needed
  - 19 = Other, specific
  - 99 = Don't know

What financial arrangement, if any, were made to secure this housing?

- 10           FHOUSING   Enter one code as follows:
- 1 = Long term county or state support funds
  - 2 = Assignment of SSDI or SSI to housing provider
  - 3 = Consumer's earnings
  - 4 = Consumer's family
  - 5 = Private charity
  - 6 = DVR case or support funds
  - 18 = Combination of funding sources
  - 19 = Other, specific
  - 99 = Don't know

### Housing History

How many places have you lived during the past four months?

- 11           PLACES   Enter the number of places lived in the last 4 months.

If you have lived at more than one place in the last four months, why have you moved?

- 12           WHYMOVE   Enter one code as follows:
- 1 = To obtain greater independence
  - 2 = Consumer's financial reasons
  - 3 = To be closer to job or services
  - 4 = Didn't like living situation
  - 5 = Live with family, friend, or significant other
  - 6 = To obtain better quality housing
  - 7 = Needed an increased level of care or support

Variable Number	Variable Code	Codes, Instructions, and Comments
-----------------	---------------	-----------------------------------

8 = Forced to move - Housing care providers changed in contracts, etc.  
 18 = Multiple reasons  
 19 = Other, specific  
 99 = Don't know

### Current Living Arrangements

What is your current living situation?

13           CURLIVE   Enter one code as follows:  
                           1 = Jail/Correctional Facilities  
                           2 = Mental Health Facility  
                           3 = Nursing Home  
                           4 = Foster Care: \_\_\_\_\_  
                           5 = Board and Lodging  
                           6 = Foster Care  
                           7 = Supported Housing Services  
                           8 = Independent Living (alone, spouse, significant other, or friends)  
                           9 = Transient  
                           10 = Family (with parents or guardian)  
                           11 = Independent with some support  
                           19 = Other, specific  
                           99 = Don't know

Who lives with you?

14           LIVEYOU   Enter as many codes as needed. Code as numbered on Document 4.

How much support do you receive where you live?

15           LSUPPORT   Code as numbered on Document 4.

Where you live, how well is your right to privacy respected?

16           PRIVACY4   Code as numbered on Document 4.

How satisfied are you with your present living arrangements?

17           SATISLIVE   Code as numbered on Document 4.

### Community Integration

How often do you things on your own...?

18           OWN           Code as numbered on Document 4.

Do you have a close friendship or other close relationship...?

19           FRIEND4   Enter as many codes as needed. Code as number on Document 4.

Variable Number	Variable Code	Codes, Instructions, and Comments
--------------------	------------------	-----------------------------------

Do any of these friends have the same disability that you do?  
 20            DFRIEND            Enter one code as follows:  
                                  0 = Yes  
                                  1 = No

Do you have the right to refuse services...?  
 21            RSERVICE            Code as numbered on Document 4.

## Part 2 - Paid Employment History

Job Title  
 22            JOB1            Enter the 9 digit DOT code using  
 29            JOB2            OASYS. In the field, keep a separate  
 36            JOB3            list containing consumer name, ID  
 43            JOB4            number, job title and SIC code

Employer  
 23            EMPLOYR1  
 30            EMPLOYR2            Enter the 4 digit SIC code. Record  
 37            EMPLOYR3            place of employment on list as above.  
 44            EMPLOYR4

Type of Support  
 24            JOBSU1  
 31            JOBSU2  
 38            JOBSU3  
 45            JOBSU4            Enter one code as follows:  
                                  1 = Enclave or mobile crew  
                                  2 = On-site job coaching by staff  
                                  3 = Training by employer or employees  
                                  4 = Help with transportation  
                                  5 = Help from co-workers and supervisors  
                                  (natural supports)  
                                  6 = After hours support therapy or  
                                  support group (job club)  
                                  18 = Multiple supports  
                                  19 = Other, specific  
                                  98 = No support  
                                  99 = Don't know

Dates of Employment  
 25            WEEKEMP1  
 32            WEEKEMP2  
 39            WEEKEMP3  
 46            WEEKEMP4            Enter the weeks worked since program  
                                  entry. Get the date of program entry  
                                  from Document 1 or Document 4. (Make  
                                  sure they agree). Persons start the  
                                  program on week 1. If they worked  
                                  between the 12th and 20th since they  
                                  entered the program, enter "12" and  
                                  "20".

Variable Number	Variable Code	Codes, Instructions, and Comments
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#### Hourly Wage

26	WAGE1	
33	WAGE2	Enter hourly wage; include decimal.
40	WAGE3	
47	WAGE4	

#### Hours Worked in Four Months

27	HWORKED1	
34	HWORKED2	Enter the total number of hours worked
41	HWORKED3	in four months.
48	HWORKED4	

#### Reason for Leaving

28	RLEFT1	
35	RLEFT2	
42	RLEFT3	
49	RLEFT4	Enter one code as follows:

1 = Laid off - not employee's fault  
 2 = Got a better job (more hours, higher pay) with another employer  
 3 = Promotion with same employer  
 4 = Psychiatric relapse, such as crisis or hospitalized  
 5 = Physical health  
 6 = Stress  
 7 = Problems with supervisor  
 8 = Problems with co-workers  
 9 = Problems learning job  
 10 = Problems with job performance  
 11 = Transportation problems  
 12 = Family problems  
 13 = Housing problems  
 14 = Returned to school  
 15 = Quit; did not like job  
 18 = Multiple reasons  
 19 = Other, specific  
 20 = Temporary work  
 55 = Injured on job  
 98 = Still employed  
 99 = Don't know

#### Total earnings in four months

50	TOTEARN	Enter amount \$000.00
----	---------	-----------------------

#### Total hours worked in four months

51	TOTALHRS	Enter number of hours - 000
----	----------	-----------------------------

#### Total days either full or part-time worked in four months

52	TOTDAYS	Enter number of days - 000
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## **Section II.**

### **Final List of Variables for Documents 1 Through 4**

Document 1:  
Consumer Referral and Demographic Information  
Final List of Variables

Name		Position
CC	Consumer ID Print Format: F3 Write Format: F3	1
AC	Model Site Print Format: F2 Write Format: F2	2
	Value Label	
	1 Human Development Center, Duluth	
	2 Productive Alternatives, Fergus Falls	
	3 Human Resources Associates, South St Paul	
	4 K.C.Q., Inc, Faribault	
	5 Scott-Carver Employability Project, Shakopee	
	6 Rehabilitation Center of Sheboygan, Sheboygan	
	7 Transitional Living Center, Milwaukee	
	8 Black River Industries, Medford	
	9 Functional Industries, Buffalo	
	10 Milwaukee Center for Independence, Milwaukee	
	11 St Elizabeth & Valley Packaging, Appleton	
ENTRY	Consumer Date Entered Program Print Format: A8 Write Format: A8	3
ENTR_DAT	Consumer Date Entered Program in Date Format Print Format: A8 Write Format: A8	4
NAME	Consumer Name Print Format: A30 Write Format: A30	5
GENDER	Consumer Sex Print Format: F1 Write Format: F1	9
	Value Label	
	1 Male	
	2 Female	
DOB	Consumer Age when entered program Print Format: F2 Write Format: F2	10
SS	Consumer Social Security Number Print Format: A11 Write Format: A11	11

Name		Position
MSTATUS	Consumer Marital status Print Format: F1 Write Format: F1  Value      Label 1      Single 2      Married	13
RSTATUS	Consumer Ethnic status Print Format: F1 Write Format: F1  Value      Label 1      Non-White 2      White	14
SPED	Consumer Whether Special Education Student Print Format: F1 Write Format: F1  Value      Label 1      Special education 2      Regular 9      Do not know	15
EDCMLTE	Consumer Highest Level of Education Completed Print Format: F2 Write Format: F2  Value      Label 99      GED	16
VOTEC	Consumer Years in Vocational Technical College Print Format: F1 Write Format: F1	17
COLLEGE	Consumer Years in College or University Print Format: F1 Write Format: F1	18
DEGREE	Consumer Highest degree or certification held Print Format: F1 Write Format: F1  Value      Label 1      Educ - High school diploma or less 2      Educ - More than high school diploma	19
LIVING	Consumer Independent living status at entry Print Format: F2 Write Format: F2  Value      Label 1      House - Highly controlled 2      House - Group Home 3      House - Supported Care	20



Name	Position																		
4 House - Independent 5 House - With family																			
PDIS Consumer Primary Disability Print Format: '2 Write Format: F2	21																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1</td><td>PDis TBI - All levels of severity</td></tr> <tr><td>2</td><td>PDis SMI - Schizophrenia</td></tr> <tr><td>3</td><td>PDis SMI - Affective Disorder</td></tr> <tr><td>4</td><td>PDis SMI - Personality Disorder</td></tr> <tr><td>5</td><td>PDis SMI - Organic</td></tr> <tr><td>6</td><td>PDis SMI - Other</td></tr> </table>	Value	Label	1	PDis TBI - All levels of severity	2	PDis SMI - Schizophrenia	3	PDis SMI - Affective Disorder	4	PDis SMI - Personality Disorder	5	PDis SMI - Organic	6	PDis SMI - Other					
Value	Label																		
1	PDis TBI - All levels of severity																		
2	PDis SMI - Schizophrenia																		
3	PDis SMI - Affective Disorder																		
4	PDis SMI - Personality Disorder																		
5	PDis SMI - Organic																		
6	PDis SMI - Other																		
ONSET Consumer Age onset Primary Disability (with 0 as at birth) Print Format: F2 Write Format: F2	22																		
SDIS Consumer Secondary Disability Print Format: F2 Write Format: F2	23																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1</td><td>SDis SMI</td></tr> <tr><td>2</td><td>SDis TBI</td></tr> <tr><td>3</td><td>SDis Chemical dependency</td></tr> <tr><td>4</td><td>SDis Mental retardation or DD</td></tr> <tr><td>5</td><td>SDis Physical disability</td></tr> <tr><td>6</td><td>SDis Learning Disability</td></tr> <tr><td>7</td><td>SDis Other</td></tr> <tr><td>8</td><td>No secondary disability</td></tr> </table>	Value	Label	1	SDis SMI	2	SDis TBI	3	SDis Chemical dependency	4	SDis Mental retardation or DD	5	SDis Physical disability	6	SDis Learning Disability	7	SDis Other	8	No secondary disability	
Value	Label																		
1	SDis SMI																		
2	SDis TBI																		
3	SDis Chemical dependency																		
4	SDis Mental retardation or DD																		
5	SDis Physical disability																		
6	SDis Learning Disability																		
7	SDis Other																		
8	No secondary disability																		
MR Consumer Whether diagnosed with mental retardation Print Format: F1 Write Format: F1	24																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>0</td><td>Not present</td></tr> <tr><td>1</td><td>Present</td></tr> <tr><td>9</td><td>Not known</td></tr> </table>	Value	Label	0	Not present	1	Present	9	Not known											
Value	Label																		
0	Not present																		
1	Present																		
9	Not known																		
AODA Consumer Whetner alcohol and drug abuse Print Format: F1 Write Format: F1	25																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>0</td><td>Not present</td></tr> <tr><td>1</td><td>Present</td></tr> <tr><td>9</td><td>Not known</td></tr> </table>	Value	Label	0	Not present	1	Present	9	Not known											
Value	Label																		
0	Not present																		
1	Present																		
9	Not known																		
RAGENCY Rehabilitation Referral agency Print Format: F2 Write Format: F2	26																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1</td><td>Vocational rehabilitation (DVR, DRS)</td></tr> </table>	Value	Label	1	Vocational rehabilitation (DVR, DRS)															
Value	Label																		
1	Vocational rehabilitation (DVR, DRS)																		

Name	Position
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- 2 Mental health agency or social service
- 3 Other program, same agency (internal)
- 4 Self-referral
- 5 Other

REASON	Rehabilitation Reason referred to program	27
	Print Format: F2	
	Write Format: F2	

Value	Label
-------	-------

- 1 General employment assistance to find job
- 2 Specific employment services needed
- 3 Consumer wants to work
- 4 Community-integration assistance
- 5 Other

PRIORSER	Rehabilitation Prior services accessed	28
	Print Format: F1	
	Write Format: F1	

Value	Label
-------	-------

- 1 Educ - Adult education/high school
- 2 Emp - Employed in community
- 3 Rehab - Work activity
- 4 Rehab - Sheltered employment
- 5 Unkn - Unemployed
- 6 Unkn - Other
- 9 Not known

MHTRTC	Rehabilitation Regional Treatment Center	29
	Print Format: F1	
	Write Format: F1	

Value	Label
-------	-------

- 1 Lifetime
- 2 During past year

MHTACI	Rehabilitation Acute care inpatient (community)	30
	Print Format: F1	
	Write Format: F1	

value	Label
-------	-------

- 1 Lifetime
- 2 During past year

MHTRTR	Rehabilitation Residential treatment	31
	Print Format: F1	
	Write Format: F1	

Value	Label
-------	-------

- 1 Lifetime
- 2 During past year

Name	Position
MHTDT      Rehabilitation    Day treatment or CSS Print Format: F1 Write Format: F1  Value      Label 1          Lifetime 2          During past year	32
MHTO        Rehabilitation    Outpatient mental health treatment Print Format: F1 Write Format: F1  Value      Label 1          Lifetime 2          During past year	33
MHTCM       Rehabilitation    Case management Print Format: F1 Write Format: F1  Value      Label 1          Lifetime 2          During past year	34
MHTVPH      Rehabilitation    Veterans psychiatric hospital Print Format: F1 Write Format: F1  Value      Label 1          Lifetime 2          During past year	35
NRTC        Rehabilitation    Number of RTC Admissions Print Format: F2 Write Format: F2  Value      Label 9          Not known	36
NACIA        Rehabilitation    Number of acute care inpatient admissions Print Format: F2 Write Format: F2  Value      Label 9          Not known	37
NVA          Rehabilitation    Number of VA psychiatric hospital admission Print Format: F2 Write Format: F2  Value      Label 9          Not known	38

Position

Value	Label
1	Competitive employment
2	Supported, sheltered, pre-voc
3	Unemployed
4	Other

Value	Label
0	No job
227018	Teacher, Day Care Center
367034	Social Services Aide
582054	Data Entry Clerk
587026	Mail Clerk
462010	Cashier II - Self Serv Gas
462014	Cashier, Checker
387054	Clothing Sorter
567010	Office Helper
367046	Library Assistant
477014	Sales Clerk
457010	Newspaper Carrier
357014	Telemarketer
367014	Stock Clerk (retail, trade)
477010	Deliverer, Merchandise
577010	Sales Attendant
577010	Child Monitor, Babysitter
472010	Fast Food Worker
477030	Waiter, Waitress, Informal
577018	Dining Room Attendant, Bus person
374014	Cook, Short Order
387010	Cook Helper
387010	Kitchen Helper
387018	Housecleaner Hotel, Motel
271010	Cosmetologist
477010	Day Treatment Aid
477014	Psychiatric Aide
574614	Nurse Assistant
577018	Child Day Care Center Worker
587018	Laundry Laborer
587018	Cleaner, Industrial
564010	Janitor
584014	Greenhouse Worker
584010	Lawn Service Worker
587070	Poultry Dresser
584010	Inspector, General
587030	Assembler, Small Parts
564014	Construction Worker I
587014	Van Driver Helper (moving)
563010	School Bus Driver
563018	Taxi Driver
587018	Packager, Hand
587014	Bagger in grocery store
587022	Scrap, Sorter for salvage, recycling
587010	General Laborer (not in DOT)

## Name

## Position

999999998 Job not known, could not be classified  
 999999999 Sheltered, protected employment

PEMPLOY1 Employment Job 1 4 digit SIC code 41  
 Print Format: F5  
 Write Format: F5

Value Label

181 Greenhouse (flowers)  
 2015 Poultry Slaughtering Processing  
 3089 Plastic Products, NFC  
 4121 Taxi Cab  
 4151 Bus, School  
 5192 Newspaper (as in carriers)  
 5401 Retail Bakeries  
 5411 Supermarkets  
 5531 Variety Stores (KMart, Target, WalMart)  
 5541 Gas Stations  
 5812 Eating places  
 5813 Drinking places  
 7011 Motels, Hotels  
 7299 Babysitting (Misc personal services)  
 7349 Building Cleaning & Maintenance Services  
 7363 Temporary Help Services  
 7542 Car Wash  
 7933 Bowling Alleys  
 8059 Nursing Home  
 8062 Hospital, general  
 8063 Psychiatric Hospitals (RTCs)  
 8211 Elementary & Secondary Schools  
 8351 Day Care Centers  
 8811 Private Households  
 9998 Place of employment unknown, can not classify  
 9999 Facility, agency

HWAGE1 Employment Job 1 Hourly wage rate 42  
 Print Format: F6.2  
 Write Format: F6.2

FTPT1 Employment Job 1 Full part-time employment status 43  
 Print Format: F1  
 Write Format: F1

Value Label

0 Emp Stat - Unemployed  
 1 Emp Stat - Part-time (<30 hours per week)  
 2 Emp Stat - Full-time (>30 hours per week)  
 9 Emp Stat - Working, hours per week unknown

DEMPLOY1 Employment Job 1 Number months held job 44  
 Print Format: F3  
 Write Format: F3

DOT2 Employment Job 2 9 digit DOT code 45  
 Print Format: F9  
 Write Format: F9

Value Label

0 No job

## Name

## Position

92227018	Teacher, Day Care Center
195367034	Social Services Aide
203582054	Data Entry Clerk
209687026	Mail Clerk
211462010	Cashier II - Self Serv Gas
211462014	Cashier, Checker
222387054	Clothing Sorter
239567010	Office Helper
249367046	Library Assistant
290477014	Sales Clerk
292457010	Newspaper Carrier
299357014	Telemarketer
299367014	Stock Clerk (retail, trade)
299477010	Deliverer, Merchandise
299677010	Sales Attendant
301677010	Child Monitor, Babysitter
311472010	Fast Food Worker
311477030	Waiter, Waitress, Informal
311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

PEMPLOY2    Employment    Job 2    4 digit SIC code  
 Print Format: F5  
 Write Format: F5

46

Value    Label

181	Greenhouse (flowers)
2015	Poultry Slaughtering Processing
3089	Plastic Products, NFC
4121	Taxi Cab
4151	Bus, School
5192	Newspaper (as in carriers)
5401	Retail Bakeries
5411	Supermarkets
5531	Variety Stores (KMart, Target, WalMart)

## Name

## Position

5541 Gas Stations  
 5812 Eating places  
 5813 Drinking places  
 7011 Motels, Hotels  
 7299 Babysitting (Misc personal services)  
 7349 Building Cleaning & Maintenance Services  
 7363 Temporary Help Services  
 7542 Car Wash  
 7933 Bowling Alleys  
 8059 Nursing Home  
 8062 Hospital, general  
 8063 Psychiatric Hospitals (RTCs)  
 8211 Elementary & Secondary Schools  
 8351 Day Care Centers  
 8811 Private Households  
 9998 Place of employment unknown, can not classify  
 9999 Facility, agency

HWAGE2 Employment Job 2 Hourly wage rate 47  
 Print Format: F6.2  
 Write Format: F6.2

FTPT2 Employment Job 2 Full part-time employment status 48  
 Print Format: F1  
 Write Format: F1

Value Label

0 Emp Stat - Unemployed  
 1 Emp Stat - Part-time (<30 hours per week)  
 2 Emp Stat - Full-time (>30 hours per week)  
 9 Emp Stat - Working, hours per week unknown

DEMPLOY2 Employment Job 2 Number months held job 49  
 Print Format: F3  
 Write Format: F3

DOT3 Employment Job 3 9 digit DOT code 50  
 Print Format: F9  
 Write Format: F9

Value Label

0 No job  
 92227018 Teacher, Day Care Center  
 195367034 Social Services Aide  
 203582054 Data Entry Clerk  
 209687026 Mail Clerk  
 211462010 Cashier II - Self Serv Gas  
 211462014 Cashier, Checker  
 222387054 Clothing Sorter  
 239567010 Office Helper  
 249367046 Library Assistant  
 290477014 Sales Clerk  
 292457010 Newspaper Carrier  
 299357014 Telemarketer  
 299367014 Stock Clerk (retail, trade)  
 299477010 Deliverer, Merchandise  
 299677010 Sales Attendant  
 301677010 Child Monitor, Babysitter  
 311472010 Fast Food Worker  
 311477030 Waiter, Waitress, Informal



## Name

## Position

311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

PEMPLOY3    Employment    Job 3    4 digit SIC code  
 Print Format: F5  
 Write Format: F5

51

Value	Label
181	Greenhouse (flowers)
2015	Poultry Slaughtering Processing
3089	Plastic Products, NFC
4121	Taxi Cab
4151	Bus, School
5192	Newspaper (as in carriers)
5401	Retail Bakeries
5411	Supermarkets
5531	Variety Stores (KMart, Target, WalMart)
5541	Gas Stations
5812	Eating places
5813	Drinking places
7011	Motels, Hotels
7299	Babysitting (Misc personal services)
7349	Building Cleaning & Maintenance Services
7363	Temporary Help Services
7542	Car Wash
7933	Bowling Alleys
8059	Nursing Home
8062	Hospital, general
8063	Psychiatric Hospitals (RTCs)
8211	Elementary & Secondary Schools
8351	Day Care Centers
8811	Private Households
9998	Place of employment unknown, can not classify
9999	Facility, agency

Name				Position
HWAGE3	Employment	Job 3	Hourly wage rate	52
	Print Format: F6.2			
	Write Format: F6.2			
FTPT3	Employment	Job 3	Full part-time employment status	53
	Print Format: F1			
	Write Format: F1			
	Value	Label		
	0	Emp Stat - Unemployed		
	1	Emp Stat - Part-time (<30 hours per week)		
	2	Emp Stat - Full-time (>30 hours per week)		
	9	Emp Stat - Working, hours per week unknown		
DEMPLOY3	Employment	Job 3	Number months held job	54
	Print Format: F3			
	Write Format: F3			
DOT4	Employment	Job 4	9 digit DOT code	55
	Print Format: F9			
	Write Format: F9			
	Value	Label		
	0	No job		
	92227018	Teacher, Day Care Center		
	195367034	Social Services Aide		
	203582054	Data Entry Clerk		
	209687026	Mail Clerk		
	211462010	Cashier II - Self Serv Gas		
	211462014	Cashier, Checker		
	222387054	Clothing Sorter		
	239567010	Office Helper		
	249367046	Library Assistant		
	290477014	Sales Clerk		
	292457010	Newspaper Carrier		
	299357014	Telemarketer		
	299367014	Stock Clerk (retail, trade)		
	299477010	Delivery, Merchandise		
	299677010	Sales Attendant		
	301677010	Child Monitor, Babysitter		
	311472010	Fast Food Worker		
	311477030	Waiter, Waitress, Informal		
	311677018	Dining Room Attendant, Bus person		
	313374014	Cook, Short Order		
	317687010	Cook Helper		
	318687010	Kitchen Helper		
	323687018	Housecleaner Hotel, Motel		
	332271010	Cosmetologist		
	355377010	Day Treatment Aid		
	355377014	Psychiatric Aide		
	355674614	Nurse Assistant		
	359677018	Child Day Care Center Worker		
	361687018	Laundry Laborer		
	381687018	Cleaner, Industrial		
	382664010	Janitor		
	405684014	Greenhouse Worker		
	408684010	Lawn Service Worker		
	525687070	Poultry Dresser		
	609684010	Inspector, General		
	706687030	Assembler, Small Parts		

Name	Position
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869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

PEMPLOY4    Employment    Job 4    4 digit SIC code    56  
 Print Format: F5  
 Write Format: F5

Value	Label
181	Greenhouse (flowers)
2015	Poultry Slaughtering Processing
3089	Plastic Products, NFC
4121	Taxi Cab
4151	Bus, School
5192	Newspaper (as in carriers)
5401	Retail Bakeries
5411	Supermarkets
5531	Variety Stores (KMart, Target, WalMart)
5541	Gas Stations
5812	Eating places
5813	Drinking places
7011	Motels, Hotels
7299	Babysitting (Misc personal services)
7349	Building Cleaning & Maintenance Services
7363	Temporary Help Services
7542	Car Wash
7933	Bowling Alleys
8059	Nursing Home
8062	Hospital, general
8063	Psychiatric Hospitals (RTCs)
8211	Elementary & Secondary Schools
8351	Day Care Centers
8811	Private Households
9998	Place of employment unknown, can not classify
9999	Facility, agency

HWAGE4    Employment    Job 4    Hourly wage rate    57  
 Print Format: F6.2  
 Write Format: F6.2

FTPT4    Employment    Job 4    Full part-time employment status    58  
 Print Format: F1  
 Write Format: F1

Value	Label
0	Emp Stat - Unemployed
1	Emp Stat - Part-time (<30 hours per week)
2	Emp Stat - Full-time (>30 hours per week)
9	Emp Stat - Working, hours per week unknown

DEMPLOY4    Employment    Job 4    Number months held job    59  
 Print Format: F3  
 Write Format: F3

Name \_\_\_\_\_ Position \_\_\_\_\_

DOT5      Employment    Job 5    9 digit DOT code      60  
 Print Format: F9  
 Write Format: F9

Value	Label
0	No job
92227018	Teacher, Day Care Center
195367034	Social Services Aide
203582054	Data Entry Clerk
209687026	Mail Clerk
211462010	Cashier II - Self Serv Gas
211462014	Cashier, Checker
222387054	Clothing Sorter
239567010	Office Helper
249367046	Library Assistant
290477014	Sales Clerk
292457010	Newspaper Carrier
299357014	Telemarketer
299367014	Stock Clerk (retail, trade)
299477010	Deliverer, Merchandise
299677010	Sales Attendant
301677010	Child Monitor, Babysitter
311472010	Fast Food Worker
311477030	Waiter, Waitress, Informal
311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

PEMPLOY5    Employment    Job 5    4 digit SIC code      61  
 Print Format: F5  
 Write Format: F5

Value	Label
181	Greenhouse (flowers)

411

## Name

## Position

2015 Poultry Slaughtering Processing  
 3089 Plastic Products, NFC  
 4121 Taxi Cab  
 4151 Bus, School  
 5192 Newspaper (as in carriers)  
 5401 Retail Bakeries  
 5411 Supermarkets  
 5531 Variety Stores (KMart, Target, WalMart)  
 5541 Gas Stations  
 5812 Eating places  
 5813 Drinking places  
 7011 Motels, Hotels  
 7299 Babysitting (Misc personal services)  
 7349 Building Cleaning & Maintenance Services  
 7363 Temporary Help Services  
 7542 Car Wash  
 7933 Bowling Alleys  
 8059 Nursing Home  
 8062 Hospital, general  
 8063 Psychiatric Hospitals (RTCs)  
 8211 Elementary & Secondary Schools  
 8351 Day Care Centers  
 8811 Private Households  
 9998 Place of employment unknown, can not classify  
 9999 Facility, agency

HWAGES Employment Job 5 Hourly wage rate 62  
 Print Format: F6.2  
 Write Format: F6.2

FTPT5 Employment Job 5 Full part-time employment status 63  
 Print Format: F1  
 Write Format: F1

Value Label

0 Emp Stat - Unemployed  
 1 Emp Stat - Part-time (<30 hours per week)  
 2 Emp Stat - Full-time (>30 hours per week)  
 9 Emp Stat - Working, hours per week unknown

DEMPLOY5 Employment Job 5 Number months held job 64  
 Print Format: F3  
 Write Format: F3

DOT6 Employment Job 6 9 digit DOT code 65  
 Print Format: F9  
 Write Format: F9

Value Label

0 No job  
 92227018 Teacher, Day Care Center  
 195367034 Social Services Aide  
 203582054 Data Entry Clerk  
 209687026 Mail Clerk  
 211462010 Cashier II - Self Serv Gas  
 211462014 Cashier, Checker  
 222387054 Clothing Sorter  
 239567010 Office Helper  
 249367046 Library Assistant  
 290477014 Sales Clerk

Name

Position

292457010	Newspaper Carrier
299357014	Telemarketer
299367014	Stock Clerk (retail, trade)
299477010	Deliverer, Merchandise
299677010	Sales Attendant
301677010	Child Monitor, Babysitter
311472010	Fast Food Worker
311477030	Waiter, Waitress, Informal
311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

PEMPLOY6    Employment    Job 6    4 digit SIC code  
 Print Format: F5  
 Write Format: F5

66

Value	Label
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181	Greenhouse (flowers)
2015	Poultry Slaughtering Processing
3089	Plastic Products, NFC
4121	Taxi Cab
4151	Bus, School
5192	Newspaper (as in carriers)
5401	Retail Bakeries
5411	Supermarkets
5531	Variety Stores (KMart, Target, WalMart)
5541	Gas Stations
5812	Eating places
5813	Drinking places
7011	Motels, Hotels
7299	Babysitting (Misc personal services)
7349	Building Cleaning & Maintenance Services
7363	Temporary Help Services
7542	Car Wash
7933	Bowling Alleys
8059	Nursing Home

410

Name	Position
8062 Hospital, general 8063 Psychiatric Hospitals (RTCs) 8211 Elementary & Secondary Schools 8351 Day Care Centers 8811 Private Households 9998 Place of employment unknown, can not classify 9999 Facility, agency	
HWAGE6 Employment Job 6 Hourly wage rate Print Format: F6.2 Write Format: F6.2	67
FTPT6 Employment Job 6 Full part-time employment status Print Format: F1 Write Format: F1	68
Value Label 0 Emp Stat - Unemployed 1 Emp Stat - Part-time (<30 hours per week) 2 Emp Stat - Full-time (>30 hours per week) 9 Emp Stat - Working, hours per week unknown	
DEMPLOY6 Employment Job 6 Number months held job Print Format: F3 Write Format: F3	69
TEMPLOY Employment Total years in competitive labor force Print Format: F2 Write Format: F2	70
SSDI Benefits SSDI amounts Print Format: F5 Write Format: F5	71
SSI Benefits SSI amounts Print Format: F5 Write Format: F5	72
WC Benefits WC amounts Print Format: F5 Write Format: F5	73
GPA Benefits General public assistance amounts Print Format: F5 Write Format: F5	74
PDI Benefits Private disability insurance amounts Print Format: F5 Write Format: F5	75
MA Benefits Medical assistance amounts Print Format: F5 Write Format: F5	76
AFDC Benefits AFDC amounts Print Format: F5 Write Format: F5	77
VADIS Benefits VA disability benefits amounts Print Format: F5 Write Format: F5	78



Name		Position
MEDICARE	Benefits Medicare benefits amounts Print Format: F5 Write Format: F5	79
INSET	Benefits Insurance settlement amounts Print Format: F5 Write Format: F5	80
OTHERBEN	Benefits Other benefits amounts Print Format: F5 Write Format: F5	81
DRSCOUN	Rehabilitation Has or doe. not have DVR counselor Print Format: F1 Write Format: F1	82
	Value Label	
	0 No DVR Counselor or unknown	
	1 Have DVR Counselor	
DATELFT1	Access Program 1 Left Number weeks since started Print Format: F2 Write Format: F2	83
DATERET1	Access Program 1 Returned number weeks since started Print Format: F2 Write Format: F2	84
REASON1	Access Program 1 Reason left Print Format: F2 Write Format: F2	85
	Value Label	
	0 No response; did not leave	
	1 Negative reason for leaving	
	2 Positive reason for leaving	
DOING1	Access Program 1 What doing during period away from program Print Format: F2 Write Format: F2	86
	Value Label	
	0 No response; did not leave	
	1 Negative activities	
	2 Positive activities	
DATELFT2	Access Program 2 Left Number weeks since started Print Format: F2 Write Format: F2	87
DATERET2	Access Program 2 Returned number weeks since started Print Format: F2 Write Format: F2	88



Name	Position
REASON4    Access Program    4 Reason left Print Format: F2 Write Format: F2  Value      Label 0      No response; did not leave 1      Negative reason for leaving 2      Positive reason for leaving	97
DOING4      Access Program    4 What doing during period away from program Print Format: F2 Write Format: F2  Value      Label 0      No response; did not leave 1      Negative activities 2      Positive activities	98
DATELEFT5   Access Program    5 Left      Number weeks since started Print Format: F2 Write Format: F2	99
DATERET5    Access Program    5 Returned    number weeks since started Print Format: F2 Write Format: F2	100
REASON5      Access Program    5 Reason left Print Format: F2 Write Format: F2  Value      Label 0      No response; did not leave 1      Negative reason for leaving 2      Positive reason for leaving	101
DOING5      Access Program    5 What doing during period away from program Print Format: F2 Write Format: F2  Value      Label 0      No response; did not leave 1      Negative activities 2      Positive activities	102
URBRUR      Model      Urban or rural community Print Format: F1 Write Format: F1  Value      Label 1      Urban 2      Rural	103

4.0

Name		Position
SMITBI	Model      Program classified by disability type Print Format: F1 Write Format: F1	104
	Value      Label	
	1      SMI via PDis	
	2      TBI	
	3      SMI - Organic	
	9      Unknown	
TRANS11	Print Format: F8.2 Write Format: F8.2	105
TRANS12	Print Format: F8.2 Write Format: F8.2	106
TRANS13	Print Format: F8.2 Write Format: F8.2	107
TRANS14	Print Format: F8.2 Write Format: F8.2	108
TRANS15	Print Format: F8.2 Write Format: F8.2	109
CC_CNT	Consumer      Model Site and consumer id combination Print Format: F8.2 Write Format: F8.2	110
DOT_NEW1	Employment      Job 1      DOT classified Print Format: F8.2 Write Format: F8.2	111
	Value      Label	
	.00      No Job	
	1.00      Clerical	
	2.00      Retail and Sales	
	3.00      Care of others	
	4.00      Food Services	
	5.00      Food Processing	
	6.00      Building Maintenance	
	7.00      Plants and Animals	
	8.00      Manufacturing	
	9.00      Transportation	
	10.00      Construction	
	11.00      Other job classification	
	12.00      Job not known	
	13.00      Sheltered, protected employment	

Name	Position
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DOT_NEW2	Employment Job 2 DOT classified	112
	Print Format: F8.2	
	Write Format: F8.2	

Value	Label
.00	No Job
1.00	Clerical
2.00	Retail and Sales
3.00	Care of others
4.00	Food Services
5.00	Food Processing
6.00	Building Maintenance
7.00	Plants and Animals
8.00	Manufacturing
9.00	Transportation
10.00	Construction
11.00	Other job classification
12.00	Job not known
13.00	Sheltered, protected employment

DOT_NEW3	Employment Job 3 DOT classified	113
	Print Format: F8.2	
	Write Format: F8.2	

Value	Label
.00	No Job
1.00	Clerical
2.00	Retail and Sales
3.00	Care of others
4.00	Food Services
5.00	Food Processing
6.00	Building Maintenance
7.00	Plants and Animals
8.00	Manufacturing
9.00	Transportation
10.00	Construction
11.00	Other job classification
12.00	Job not known
13.00	Sheltered, protected employment

DOT_NEW4	Employment Job 4 DOT classified	114
	Print Format: F8.2	
	Write Format: F8.2	

Value	Label
.00	No Job
1.00	Clerical
2.00	Retail and Sales
3.00	Care of others
4.00	Food Services
5.00	Food Processing
6.00	Building Maintenance
7.00	Plants and Animals
8.00	Manufacturing
9.00	Transportation
10.00	Construction
11.00	Other job classification
12.00	Job not known
13.00	Sheltered, protected employment

Name		Position
DOT_NEW5	Employment Job 5 DOT classified Print Format: F8.2 Write Format: F8.2	115
	Value      Label	
	.00      No Job	
	1.00      Clerical	
	2.00      Retail and Sales	
	3.00      Care of others	
	4.00      Food Services	
	5.00      Food Processing	
	6.00      Building Maintenance	
	7.00      Plants and Animals	
	8.00      Manufacturing	
	9.00      Transportation	
	10.00      Construction	
	11.00      Other job classification	
	12.00      Job not known	
	13.00      Sheltered, protected employment	
DOT_NEW6	Employment Job 6 DOT classified Print Format: F8.2 Write Format: F8.2	116
	Value      Label	
	.00      No Job	
	1.00      Clerical	
	2.00      Retail and Sales	
	3.00      Care of others	
	4.00      Food Services	
	5.00      Food Processing	
	6.00      Building Maintenance	
	7.00      Plants and Animals	
	8.00      Manufacturing	
	9.00      Transportation	
	10.00      Construction	
	11.00      Other job classification	
	12.00      Job not known	
	13.00      Sheltered, protected employment	
XEMPLOY1	Job Status Job 1 Print Format: F8.2 Write Format: F8.2	117
	Value      Label	
	1.00      Competitively employed	
	2.00      Sheltered, protected employment	
	3.00      No place of employment	
	4.00      Place of employment unknown	
XEMPLOY2	Job Status Job 2 Print Format: F8.2 Write Format: F8.2	118
	Value      Label	
	1.00      Competitively employed	
	2.00      Sheltered, protected employment	
	3.00      No place of employment	
	4.00      Place of employment unknown	

Name	Position
XEMPLOY3	119
Job Status Job 3	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
1.00	Competitively employed
2.00	Sheltered, protected employment
3.00	No place of employment
4.00	Place of employment unknown
XEMPLOY4	120
Job Status Job 4	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
1.00	Competitively employed
2.00	Sheltered, protected employment
3.00	No place of employment
4.00	Place of employment unknown
XEMPLOY5	121
Job Status Job 5	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
1.00	Competitively employed
2.00	Sheltered, protected employment
3.00	No place of employment
4.00	Place of employment unknown
XEMPLOY6	122
Job Status Job 6	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
1.00	Competitively employed
2.00	Sheltered, protected employment
3.00	No place of employment
4.00	Place of employment unknown
COMPET1	123
Job Status Competitive employment	
Print Format: F8.2	
Write Format: F8.2	
FACLT2	124
Job Status Sheltered or protected employment	
Print Format: F8.2	
Write Format: F8.2	
NOEMPL3	125
Job Status No place of employment	
Print Format: F8.2	
Write Format: F8.2	
UNKNWN4	126
Job Status Place of employment unknown	
Print Format: F8.2	
Write Format: F8.2	
NOJOB	127
Job Class Number Jobs Reported	
Print Format: F8.2	
Write Format: F8.2	



Name		Position
CLERICAL	Job Class Clerical Print Format: F8.2 Write Format: F8.2	128
RETAIL	Job Class Retail and Sales Print Format: F8.2 Write Format: F8.2	129
CARE	Job Class Care of others Print Format: F8.2 Write Format: F8.2	130
FOODSERV	Job Class Food Services Print Format: F8.2 Write Format: F8.2	131
FOODPROC	Job Class Food Processing Print Format: F8.2 Write Format: F8.2	132
BUILD	Job Class Building Maintenance Print Format: F8.2 Write Format: F8.2	133
PLANTS	Job Class Plants and Animals Print Format: F8.2 Write Format: F8.2	134
MANUFACT	Job Class Manufacturing Print Format: F8.2 Write Format: F8.2	135
TRANS	Job Class Transportation Print Format: F8.2 Write Format: F8.2	136
CONSTRUC	Job Class Construction Print Format: F8.2 Write Format: F8.2	137
JOBOTHER	Job Class Other DOT classification Print Format: F8.2 Write Format: F8.2	138
JOBUNKNW	Job Class Job not known Print Format: F8.2 Write Format: F8.2	139
SHELTERD	Job Class Sheltered, protected employment Print Format: F8.2 Write Format: F8.2	140
TOTBENFT	Benefits Total value of benefits accessed Print Format: F8.2 Write Format: F8.2	141
CNTBENFT	Benefits Count of benefits accessed Print Format: F8.2 Write Format: F8.2	142

Name	Position
COMPLETE	143
Print Format: F8.2	
Write Format: F8.2	
SSDIFREQ	144
Benefits Receiving any SSDI	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
.00 Receiving no benefits	
1.00 Receiving benefits	
SSDIREQ	145
Print Format: F8.2	
Write Format: F8.2	
SSIFREQ	146
Benefits Receiving any SSI	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
.00 Receiving no benefits	
1.00 Receiving benefits	
WCFREQ	147
Benefits Receiving any Workers Compensation	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
.00 Receiving no benefits	
1.00 Receiving benefits	
GPAFREQ	148
Benefits Receiving any GPA	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
.00 Receiving no benefits	
1.00 Receiving benefits	
PDIFREQ	149
Benefits Receiving any private insurance	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
.00 Receiving no benefits	
1.00 Receiving benefits	
MAFREQ	150
Benefits Receiving any Medical Assistance	
Print Format: F8.2	
Write Format: F8.2	
Value Label	
.00 Receiving no benefits	
1.00 Receiving benefits	

420

Name		Position
AFDCFREQ	Benefits      Receiving any AFDC Print Format: F8.2 Write Format: F8.2	151
	Value      Label	
	.00      Receiving no benefits	
	1.00      Receiving benefits	
VAFREQ	Benefits      Receiving any VA Disability Print Format: F8.2 Write Format: F8.2	152
	Value      Label	
	.00      Receiving no benefits	
	1.00      Receiving benefits	
MEDFREQ	Benefits      Receiving any Medicare Print Format: F8.2 Write Format: F8.2	153
	Value      Label	
	.00      Receiving no benefits	
	1.00      Receiving benefits	
INSFREQ	Benefits      Receiving any insurance settlements Print Format: F8.2 Write Format: F8.2	154
	Value      Label	
	.00      Receiving no benefits	
	1.00      Receiving benefits	
OTHFREQ	Benefits      Receiving any other benefits Print Format: F8.2 Write Format: F8.2	155
	Value      Label	
	.00      Receiving no benefits	
	1.00      Receiving benefits	
TOTFREQ	Benefits      Total number of benefit sources Print Format: F8.2 Write Format: F8.2	156
SORT_COD	Print Format: F8.2 Write Format: F8.2	157

Document 2:  
Consumer Progress and Outcomes  
Final List of Variables

Name		Position
CC	Consumer ID Print Format: F3 Write Format: F3	1
AC	Model Program Site Print Format: F2 Write Format: F2	2
	Value Label	
	1 Human Development Center, Duluth	
	2 Productive Alternatives, Fergus Falls	
	3 Human Resources Associates, South St Paul	
	4 K.C.Q., Inc, Faribault	
	5 Scott-Carver Employability Project, Shakopee	
	6 Rehabilitation Center of Sheboygan, Sheboygan	
	7 Transitional Living Center, Milwaukee	
	8 Black River Industries, Medford	
	9 Functional Industries, Buffalo	
	10 Milwaukee Center for Independence, Milwaukee	
	11 St Elizabeth Hospital & Valley Packaging, Appleton	
NAME	Consumer Name Print Format: A30 Write Format: A30	3
WEEK_CHR	Consumer Date when data on progress was reported Print Format: A8 Write Format: A8	7
WEEK_DAT	Consumer Date when data on progress was reported, date fo Print Format: A8 Write Format: A8	8
WEEK_NUM	Consumer Weeks since entering program Print Format: F4 Write Format: F4	9
ASSMT1	Pre-employ supports Assessment vocational evaluation Print Format: F6.2 Write Format: F6.2	10
JSS1	Pre-employ supports Job seeking skills Print Format: F6.2 Write Format: F6.2	11
OST1	Pre-employ supports Other skills training Print Format: F6.2 Write Format: F6.2	12
OTHER1	Pre-employ supports Other pre-employment supports Print Format: F6.2 Write Format: F6.2	13
ONSITE2	Employment supports Onsite skills training Print Format: F6.2 Write Format: F6.2	14

Name		Position	
BMAN2	Employment supports Print Format: F6.2 Write Format: F6.2	Behavior management	15
MONITOR2	Employment supports Print Format: F6.2 Write Format: F6.2	Monitoring productivity	16
ET2	Employment supports Print Format: F6.2 Write Format: F6.2	Employer training or advice	17
TRANS2	Employment supports Print Format: F6.2 Write Format: F6.2	Transportation to work	18
OTHER2	Employment supports Print Format: F6.2 Write Format: F6.2	Other employment support	19
OTHER21	Employment supports Print Format: F6.2 Write Format: F6.2	Other employment support	20
TRANS3	Community integration Print Format: F6.2 Write Format: F6.2	Transportation re housing	21
HOUS3	Community integration Print Format: F6.2 Write Format: F6.2	Housing and residential	22
HEALTH3	Community integration Print Format: F6.2 Write Format: F6.2	Health and medical needs	23
FINAN3	Community integration Print Format: F6.2 Write Format: F6.2	Financial management	24
MHCARE3	Community integration Print Format: F6.2 Write Format: F6.2	Mental health care needs	25
PLAN3	Community integration Print Format: F6.2 Write Format: F6.2	Planning with consumer and others	26
REC3	Community integration Print Format: F6.2 Write Format: F6.2	Recreation	27
SUPPORT3	Community integration Print Format: F6.2 Write Format: F6.2	Support groups of all types	28
OTHER3	Community integration Print Format: F6.2 Write Format: F6.2	Other community integration	29

Name		Position
OTHER31	Community integration Print Format: F6.2 Write Format: F6.2	Other community integration 30
REPORT4	Indirect services Print Format: F6.2 Write Format: F6.2	Report writing 31
ADMIN4	Indirect services Print Format: F6.2 Write Format: F6.2	Administration of program 32
COMMU4	Indirect services Print Format: F6.2 Write Format: F6.2	Community awareness 33
JOBDEV4	Indirect services Print Format: F6.2 Write Format: F6.2	Job development 34
PLACE4	Indirect services Print Format: F6.2 Write Format: F6.2	Placement 35
COORD4	Indirect services Print Format: F6.2 Write Format: F6.2	Coordination of services 36
NET4	Indirect services Print Format: F6.2 Write Format: F6.2	Networking 37
OTHER4	Indirect services Print Format: F6.2 Write Format: F6.2	Other 38
DEVELOP5	Model Consumer staff efforts to improve program Print Format: F6.2 Write Format: F6.2	39
TOTALHRS	Consumer Total hours direct and indirect support for week Print Format: F6.2 Write Format: F6.2	40
CGOALS1	Consumer Goal identified for week, first Print Format: F3 Write Format: F3	41

Value      Label

- 1      No Change Since Last Week
- 2      No Contact with Consumer
- 3      Voluntary Drop-out
- 4      Other No Report, Specific
- 5      Voc. Assmt. & Planning
- 6      Pre-voc. Skills
- 7      Employed
- 8      Non-competitive Employment Goal
- 9      Competitive Employment Goal
- 10     Started New Job
- 11     Continuing on Job
- 12     Education & Training

Name

Position

13 Housing  
 14 Financial  
 15 Mental Health  
 16 Physical Health  
 17 Personal Relationships  
 18 Recreation, Social  
 19 Other Non-Voc. Goals  
 20 Independent Living  
 21 Major Crisis Events

CGOALS2 Consumer Goal identified for week, second  
 Print Format: F3  
 Write Format: F3

42

Value Label

1 No Change Since Last Week  
 2 No Contact with Consumer  
 3 Voluntary Drop-out  
 4 Other No Report, Specific  
 5 Voc. Assmt. & Planning  
 6 Pre-voc. Skills  
 7 Employed  
 8 Non-competitive Employment Goal  
 9 Competitive Employment Goal  
 10 Started New Job  
 11 Continuing on Job  
 12 Education & Training  
 13 Housing  
 14 Financial  
 15 Mental Health  
 16 Physical Health  
 17 Personal Relationships  
 18 Recreation, Social  
 19 Other Non-Voc. Goals  
 20 Independent Living  
 21 Major Crisis Events

CHANGE1 Consumer Changes in goals, first  
 Print Format: F3  
 Write Format: F3

43

Value Label

1 No Change Since Last Week  
 2 No Contact with Consumer  
 3 Voluntary Drop-out  
 4 Other No Report, Specific  
 5 Voc. Assmt. & Planning  
 6 Pre-voc. Skills  
 7 Employed  
 8 Non-competitive Employment Goal  
 9 Competitive Employment Goal  
 10 Started New Job  
 11 Continuing on Job  
 12 Education & Training  
 13 Housing  
 14 Financial  
 15 Mental Health  
 16 Physical Health  
 17 Personal Relationships  
 18 Recreation, Social



- 19 Other Non-Voc. Goals
- 20 Independent Living
- 21 Major Crisis Events

CHANGE2 Consumer Changes in goals, second  
 Print Format: F3  
 Write Format: F3

44

Value	Label
1	No Change Since Last Week
2	No Contact with Consumer
3	Voluntary Drop-out
4	Other No Report, Specific
5	Voc. Assmt. & Planning
6	Pre-voc. Skills
7	Employed
8	Non-competitive Employment Goal
9	Competitive Employment Goal
10	Started New Job
11	Continuing on Job
12	Education & Training
13	Housing
14	Financial
15	Mental Health
16	Physical Health
17	Personal Relationships
18	Recreation, Social
19	Other Non-Voc. Goals
20	Independent Living
21	Major Crisis Events

SUCCESS1 Consumer Example of success, first  
 Print Format: F3  
 Write Format: F3

45

Value	Label
1	No Change Since Last Week
2	No Contact with Consumer
3	Voluntary Drop-out
4	Other No Report, Specific
5	Voc. Assmt. & Planning
6	Pre-voc. Skills
7	Employed
8	Non-competitive Employment Goal
9	Competitive Employment Goal
10	Started New Job
11	Continuing on Job
12	Education & Training
13	Housing
14	Financial
15	Mental Health
16	Physical Health
17	Personal Relationships
18	Recreation, Social
19	Other Non-Voc. Goals
20	Independent Living
21	Major Crisis Events

SUCCESS2 Consumer Example of success, second  
Print Format: F3  
Write Format: F3

46

Value	Label
1	No Change Since Last Week
2	No Contact with Consumer
3	Voluntary Drop-out
4	Other No Report, Specific
5	Voc. Assmt. & Planning
6	Pre-voc. Skills
7	Employed
8	Non-competitive Employment Goal
9	Competitive Employment Goal
10	Started New Job
11	Continuing on Job
12	Education & Training
13	Housing
14	Financial
15	Mental Health
16	Physical Health
17	Personal Relationships
18	Recreation, Social
19	Other Non-Voc. Goals
20	Independent Living
21	Major Crisis Events

CRITINC1 Consumer Critical incident, first  
Print Format: F3  
Write Format: F3

47

Value	Label
1	No Change Since Last Week
2	No Contact with Consumer
3	Voluntary Drop-out
4	Other No Report, Specific
5	Voc. Assmt. & Planning
6	Pre-voc. Skills
7	Employed
8	Non-competitive Employment Goal
9	Competitive Employment Goal
10	Started New Job
11	Continuing on Job
12	Education & Training
13	Housing
14	Financial
15	Mental Health
16	Physical Health
17	Personal Relationships
18	Recreation, Social
19	Other Non-Voc. Goals
20	Independent Living
21	Major Crisis Events

Name

Position

CRITINC2 Consumer Critical incident, second  
 Print Format: F3  
 Write Format: F3

48

Value	Label
1	No Change Since Last Week
2	No Contact with Consumer
3	Voluntary Drop-out
4	Other No Report, Specific
5	Voc. Assmt. & Planning
6	Pre-voc. Skills
7	Employed
8	Non-competitive Employment Goal
9	Competitive Employment Goal
10	Started New Job
11	Continuing on Job
12	Education & Training
13	Housing
14	Financial
15	Mental Health
16	Physical Health
17	Personal Relationships
18	Recreation, Social
19	Other Non-Voc. Goals
20	Independent Living
21	Major Crisis Events

GENCOMT1 Consumer General comments, first  
 Print Format: F3  
 Write Format: F3

49

Value	Label
1	No Change Since Last Week
2	No Contact with Consumer
3	Voluntary Drop-out
4	Other No Report, Specific
5	Voc. Assmt. & Planning
6	Pre-voc. Skills
7	Employed
8	Non-competitive Employment Goal
9	Competitive Employment Goal
10	Started New Job
11	Continuing on Job
12	Education & Training
13	Housing
14	Financial
15	Mental Health
16	Physical Health
17	Personal Relationships
18	Recreation, Social
19	Other Non-Voc. Goals
2	Independent Living
21	Major Crisis Events

Name	Position
GENCOMT2    Consumer    General comments, second Print Format: F3 Write Format: F3	50
<div>Value      Label</div> <div>1      No Change Since Last Week</div> <div>2      No Contact with Consumer</div> <div>3      Voluntary Drop-out</div> <div>4      Other No Report, Specific</div> <div>5      Voc. Assmt. &amp; Planning</div> <div>6      Pre-voc. Skills</div> <div>7      Employed</div> <div>8      Non-competitive Employment Goal</div> <div>9      Competitive Employment Goal</div> <div>10     Started New Job</div> <div>11     Continuing on Job</div> <div>12     Education &amp; Training</div> <div>13     Housing</div> <div>14     Financial</div> <div>15     Mental Health</div> <div>16     Physical Health</div> <div>17     Personal Relationships</div> <div>18     Recreation, Social</div> <div>19     Other Non-Voc. Goals</div> <div>20     Independent Living</div> <div>21     Major Crisis Events</div>	
CC_CNT      Consumer      Combination of Site ID and Subject ID Print Format: F8.2 Write Format: F8.2	51
PREHRS      Consumer      Hours of pre-employment support for week Print Format: F8.2 Write Format: F8.2	52
EMPLOYHR    Consumer      Hours of employment support for week Print Format: F8.2 Write Format: F8.2	53
INTGHRS      Consumer      Hours of support for community integration for we Print Format: F8.2 Write Format: F8.2	54
INDIRHRS    Consumer      Hours on indirect support for week Print Format: F8.2 Write Format: F8.2	55
RAWTOTAL    Consumer      Total hours calculated from pre, emp, int, and in Print Format: F8.2 Write Format: F8.2	56
PERPREMP    Consumer      Pre-employment support: Percent of weekly hrs suppo Print Format: F8.2 Write Format: F8.2	57
PEREMPLY    Consumer      Employment support: Percent of weekly hrs support Print Format: F8.2 Write Format: F8.2	58

Name	Position
PERINTGR Consumer Integration support: Percent of weekly hrs support Print Format: F8.2 Write Format: F8.2	59
PERINDIR Consumer Indirect support: Percent of weekly hrs support Print Format: F8.2 Write Format: F8.2	60
PERDEVL P Model Percent of weekly support spent on program improve Print Format: F8.2 Write Format: F8.2	61
MONTH Consumer Months in program and or employment Print Format: F8.2 Write Format: F8.2	62
COMPLETE Print Format: F8.2 Write Format: F8.2	63
SMITBI = Psychiatric disability or TBI by site Print Format: F8.2 Write Format: F8.2  Value Label 1.00 SMI 2.00 TBI	64
URBRUR = Urban or rural site Print Format: F8.2 Write Format: F8.2  Value Label 1.00 Urban 2.00 Rural	65
SORT_COD Print Format: F8.2 Write Format: F8.2	66

4.00

Document 3:  
Consumer Progress and Outcomes  
Final List of Variables

Name		Position
CC	Consumer ID Print Format: F3 Write Format: F3	1
AC	Model Program site code Print Format: F2 Write Format: F2	2
	Value Label	
	1 Human Development Center, Duluth	
	2 Productive Alternatives, Fergus Falls	
	3 Human Resources Associates, South St Paul	
	4 K.C.Q., Inc, Faribault	
	5 Scott-Carver Employability Project, Shakopee	
	6 Rehabilitation Center of Sheboygan, Sheboygan	
	7 Transitional Living Center, Milwaukee	
	8 Black River Industries, Medford	
	9 Functional Industries, Buffalo	
	10 Milwaukee Center for Independence, Milwaukee	
	11 St Elizabeth & Valley Packaging, Appleton	
NAME	Consumer Name Print Format: A30 Write Format: A30	3
WEEK_CHR	Consumer Date of interview Print Format: A8 Write Format: A8	7
WEEK_DAT	Consumer Date of interview, date format Print Format: A8 Write Format: A8	8
WEEK_NUM	Consumer Week since entry to program in which data collect Print Format: F4 Write Format: F4	9
INAME	Project Interviewers name Print Format: A10 Write Format: A10	10
WORK	Employment Job Employed or unemployed Print Format: F1 Write Format: F1	12
	Value Label	
	1 Not Working	
	2 Working	
JOBDES	Employment Job 9 digit DOT code Print Format: F9 Write Format: F9	13
	Value Label	
	92227018 Teacher, Day Care Center	

## Name

## Position

Name	Position
195367034	Social Services Aide
203582054	Data Entry Clerk
209687026	Mail Clerk
211462010	Cashier II - Self Serv Gas
211462014	Cashier, Checker
222387054	Clothing Sorter
239567010	Office Helper
249367046	Library Assistant
290477014	Sales Clerk
292457010	Newspaper Carrier
299357014	Telemarketer
299367014	Stock Clerk (retail, trade)
299477010	Deliverer, Merchandise
299677010	Sales Attendant
301677010	Child Monitor, Babysitter
311472010	Fast Food Worker
311477030	Waiter, Waitress, Informal
311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

JOBTYPE    Employment Job    Type of job  
 Print Format: F2  
 Write Format: F2

14

Value	Label
1	Competitive employment
2	Supported, sheltered pre-voc
3	Unemployed
4	Other



Name	Position
------	----------

LIKE1	Employment Job What likes about present job 15
	Print Format: F2
	Write Format: F2

Value	Label
-------	-------

1	Nothing
2	Hours
3	Tasks, job duties
4	Supervision
5	Co-workers
6	Contact with customers
7	Pay and benefits
8	Chance for promotion
9	Everything about job, no dislikes
18	Multiple likes, but not everything
19	Other, specific
99	Do not know

DLIKE1	Employment Job What dislikes about present job 16
	Print Format: F2
	Write Format: F2

Value	Label
-------	-------

1	Nothing, like everything
2	Hours
3	Tasks, job duties
4	Supervision
5	Co-workers
6	Contact with customers
7	Pay and benefits
8	No chance for promotion
9	Dislikes everything about job
18	Multiple dislikes, but not everything
19	Other, specific
99	Do not know

GOAL1	Employment Goal Identified goals 17
	Print Format: F2
	Write Format: F2

Value	Label
-------	-------

1	Competitive, no specific goals
2	Non-competitive
3	Competitive, full-time permanent
4	Competitive, part-time permanent
5	Competitive, temporary
6	Another job, type hours not specific
7	Other, specific
8	No goal identified

FIT1	Employment Goal How job fits into employment goals 18
	Print Format: F2
	Write Format: F2

Value	Label
-------	-------

1	No goals stated
2	Not related to goals
3	Gain experience, related to goal

Name

Position

- 4 Entry level, goal related job
- 5 Gain experience, job not related
- 18 Multiple goals
- 19 Other, specific
- 99 Do not know

DECIDE Employment Goal How decide on goals 19  
 Print Format: F2  
 Write Format: F2

Value Label

- 1 No employment goals
- 2 Long standing goals
- 3 Talks with professional staff
- 4 Voc eval, career exploration
- 5 Decided for self
- 6 Previous work experiences
- 7 Family or friends influence
- 8 Multiple influence
- 9 Other, specific
- 10 Do not know

PROGRESS Employment Goal Progress made toward goals 20  
 Print Format: F2  
 Write Format: F2

Value Label

- 1 Preplacement activities
- 2 Search for job
- 3 Work experience on present job
- 4 On-the-job, other training
- 5 Successful, attending school
- 6 Successful, working part-time
- 7 Successful, working full-time
- 8 Multiple progress
- 19 Other, specific
- 98 No progress, no goals
- 99 Do not know

CHANGE Employment Goal Whether there have been major changes 21  
 Print Format: F1  
 Write Format: F1

Value Label

- 1 No change in employment goals
- 2 Change in employment goals

WCHANGES Employment Goal Single most important change 22  
 Print Format: F2  
 Write Format: F2

Value Label

- 1 Career goals
- 2 Got a part-time job
- 3 Got a full-time job
- 4 Lost a job for any reason
- 5 Attending school full, part time
- 6 Multiple reasons
- 7 Other, specific

Name			Position
HSERVICE	Employment Goal	Services helpful to reaching goal	23
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	Pre-placement services	
	2	Job placement, development	
	3	Training/experience	
	4	Enclaves, mobile crews	
	5	Job coaching, other support at work	
	6	After hours support	
	7	Multiple services	
	8	Other specific	
	9	No services have been helpful	
	10	Do not know	
NHSERVICE	Employment Goal	Services not helpful in reaching goal	24
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	Pre-placement services	
	2	Job placement, development	
	3	Training/experience	
	4	Enclaves, mobile crews	
	5	Job coaching, other support at work	
	6	After hours support	
	7	Multiple services	
	8	Other specific	
	9	No services have been helpful	
	10	Do not know	
LIVE	Integration	Present housing setting	25
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	Highly controlled	
	2	Group Home	
	3	Supported care	
	4	Independent	
	5	With family	
HELPLIVE	Integration	Amount and type of support used to be in housing	26
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	Live-in support	
	2	Staff on call	
	3	Regular staff visits	
	4	No formal supervision	
	18	Multiple help	
	19	Other, specified	
	99	Do not know	

Name	Position
<p>DFRIENDS    Integration    Decision making about friends and use of time    27</p> <p>Print Format: F1</p> <p>Write Format: F1</p> <p>Value      Label</p> <p>1      Cannot make own decisions</p> <p>2      Can make own decision</p> <p>9      Do not know</p>	
<p>PRIVACY    Integration    Respect for privacy    28</p> <p>Print Format: F1</p> <p>Write Format: F1</p> <p>Value      Label</p> <p>1      Privacy not respected</p> <p>2      Privacy respected</p> <p>9      Do not know</p>	
<p>INVOLV    Integration    Whether involved in community activities    29</p> <p>Print Format: F1</p> <p>Write Format: F1</p> <p>Value      Label</p> <p>1      Not involved</p> <p>2      Involved</p> <p>9      Do not know</p>	
<p>ORG1    Integration    First type of activity identified    30</p> <p>Print Format: F2</p> <p>Write Format: F2</p> <p>Value      Label</p> <p>1      Religious activity</p> <p>2      Sports</p> <p>3      Social organizations</p> <p>4      Mental health self-help group</p> <p>5      AODA self-help group</p> <p>6      Other, specific</p>	
<p>ORG2    Integration    Second type of activity identified    31</p> <p>Print Format: F2</p> <p>Write Format: F2</p> <p>Value      Label</p> <p>1      Religious activity</p> <p>2      Sports</p> <p>3      Social organizations</p> <p>4      Mental health self-help group</p> <p>5      AODA self-help group</p> <p>6      Other, specific</p>	

Name		Position
ORG3	Integration    Third type of activity identified Print Format: F2 Write Format: F2	32
	Value      Label	
	1      Religious activity	
	2      Sports	
	3      Social organizations	
	4      Mental health self-help group	
	5      AODA self-help group	
	6      Other, specific	
LLIVE	Independent Living    Housing goal Print Format: F2 Write Format: F2	33
	Value      Label	
	1      Supervised housing	
	2      Rent apartment, mobile home	
	3      Rent house	
	4      Own condo, mobile home, house	
	5      No goal - like present housing	
	6      Other, specific	
	7      Do not know	
LFIT	Independent Living    How present living setting meet goal Print Format: F2 Write Format: F2	34
	Value      Label	
	1      Prepare for future goals	
	2      Not related to future goals	
	3      Interferes with goals	
	19      Other, specific	
	98      No goals stated	
	99      Do not know	
HOWD	Independent Living    How decided on goals Print Format: F2 Write Format: F2	35
	Value      Label	
	1      Long standing goals	
	2      Talks with professional staff	
	3      Talks with mental health therapist	
	4      Decided for self	
	5      Family & friends	
	6      Multiple reasons	
	7      Other, specific	
	8      No goals	
	9      Do not know	

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Name			Position
ILPROG	Independent Living	Progress made toward goals	36
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	Changed IL goals	
	2	Moved to a place with greater independence	
	3	Less staff supervision in present residence	
	4	Increased staff supervision	
	5	Increased IL skills	
	6	Multiple progress	
	7	Other, specific	
	8	No progress, no changes	
	9	Do not know	
ILSTART	Independent Living	Whether major changes in program	37
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	No changes in program	
	2	Changes in program	
ILCHANGE	Independent Living	Specific changes in program	38
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	Changed IL goals	
	2	Moved to a place with greater independence	
	3	Less staff supervision in present residence	
	4	Increased staff supervision	
	5	Increased IL skills	
	6	Decreased IL skills	
	7	Other, specific	
	8	Do not know	
ILSERV1	Independent Living	Services that were helpful for reaching	39
	Print Format: F2		
	Write Format: F2		
	Value	Label	
	1	No services received	
	2	Changed IL goals	
	3	Help move to place with more independence	
	4	Increased staff supervision	
	5	Increased IL skills	
	6	Financial assistance	
	7	Other, specific	
	8	Nothing helpful	
	9	Do not know	

Name	Position
NILSERV1 Independent Living Service not helpful for reaching goal Print Format: F2 Write Format: F2	40
Value Label	
1 No services received	
2 Changed IL goals	
3 Help move to place with more independence	
4 Increased staff supervision	
5 Increased IL skills	
6 Financial assistance	
7 Other, specific	
8 Everything helpful	
9 Nothing helpful	
10 Do not know	
PCCHANGE Disab Need Changes in physical conditions past six months Print Format: F1 Write Format: F1	41
Value Label	
1 No change	
2 Got better	
3 Got worse	
9 Do not know	
HCHANGE Disab Need Specific physical conditions which changed Print Format: F1 Write Format: F1	42
Value Label	
1 Physical capacities or weakness	
2 Weight control	
3 Orthopedic	
4 Multiple responses	
5 Other, specific	
MHCHANGE Disab Need Changes in mental health over past six months Print Format: F1 Write Format: F1	43
Value Label	
1 No change	
2 Got better	
3 Got worse	
9 Do not know	
HMCHANGE Disab Need Specific mental health conditions which change Print Format: F2 Write Format: F2	44
Value Label	
1 Stress	
2 Affective disorder	
3 Hallucinations	
4 AODA	
5 Stabilized	

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Name

Position

6 Medication change  
 7 Multiple responses  
 8 Other, specific  
 99 Do not know

MISSACT Disab Need Whether missed activities as a result of disab 45  
 Print Format: F1  
 Write Format: F1

Value Label

1 Not miss any activity due to disability  
 2 Missed one or more activity due to disability  
 9 Not known

AAWORK Disab Need Work affected 46  
 Print Format: F1  
 Write Format: F1

Value Label

1 Not missed work  
 2 Missed work  
 9 Not know whether missed work

AAFAMILY Disab Need Family activities affected 47  
 Print Format: F1  
 Write Format: F1

Value Label

1 Not missed family activities  
 2 Missed family activities  
 9 Not know whether missed any family events

AAEMPLOY Disab Need Employment Services affected 48  
 Print Format: F1  
 Write Format: F1

Value Label

1 Nothing missed  
 2 Missed some  
 9 Not know whether missed any

AAREC Disab Need Social and recreations activities affected 49  
 Print Format: F1  
 Write Format: F1

Value Label

1 Not missed social activities  
 2 Missed social activities  
 9 Not know whether missed any social events

AALIVING Disab Need Housing activities affected 50  
 Print Format: F1  
 Write Format: F1

Value Label

1 Not missed activities

## Name

## Position

	2	Missed activities	
	9	Not know whether missed any events	
AAOTHER	Disab Need	Other independence activities affected	51
	Print Format:	F1	
	Write Format:	F1	
	Value	Label	
	1	Nothing else missed	
	2	Other activities missed	
	9	Not know whether missed anything else	
STRESS	Disab Need	Changes in level of stress over past six month	52
	Print Format:	F1	
	Write Format:	F1	
	Value	Label	
	1	MI Pos - 1 Better	
	2	MI Pos - 2	
	3	MI Pos - 3 Neutral	
	4	MI Neg - 4	
	5	MI Neg - 5 Worse	
MITHING	Critical Incident	Important event, last 4 months, first	53
	Print Format:	F3	
	Write Format:	F3	
	Value	Label	
	1	No Change Since Last Week	
	2	No Contact with Consumer	
	3	Voluntary Drop-out	
	4	Other No Report, Specific	
	5	Voc. Assmt. & Planning	
	6	Pre-voc. Skills	
	7	Employed	
	8	Non-competitive Employment Goal	
	9	Competitive Employment Goal	
	10	Started New Job	
	11	Continuing on Job	
	12	Education & Training	
	13	Housing	
	14	Financial	
	15	Mental Health	
	16	Physical Health	
	17	Personal Relationships	
	18	Recreation, Social	
	19	Other Non-Voc. Goals	
	20	Independent Living	
	21	Major Crisis Events	
WMITHING	Critical Incident	Important event, last 4 months, second	54
	Print Format:	F3	
	Write Format:	F3	
	Value	Label	
	1	No Change Since Last Week	
	2	No Contact with Consumer	
	3	Voluntary Drop-out	

Name

Position

- 4 Other No Report, Specific
- 5 Voc. Assmt. & Planning
- 6 Pre-voc. Skills
- 7 Employed
- 8 Non-competitive Employment Goal
- 9 Competitive Employment Goal
- 10 Started New Job
- 11 Continuing on Job
- 12 Education & Training
- 13 Housing
- 14 Financial
- 15 Mental Health
- 16 Physical Health
- 17 Personal Relationships
- 18 Recreation, Social
- 19 Other Non-Voc. Goals
- 20 Independent Living
- 21 Major Crisis Events

PROUDOF1 Critical Incident Most proud of, last 6 months, first 55  
 Print Format: F3  
 Write Format: F3

Value Label

- 1 No Change Since Last Week
- 2 No Contact with Consumer
- 3 Voluntary Drop-out
- 4 Other No Report, Specific
- 5 Voc. Assmt. & Planning
- 6 Pre-voc. Skills
- 7 Employed
- 8 Non-competitive Employment Goal
- 9 Competitive Employment Goal
- 10 Started New Job
- 11 Continuing on Job
- 12 Education & Training
- 13 Housing
- 14 Financial
- 15 Mental Health
- 16 Physical Health
- 17 Personal Relationships
- 18 Recreation, Social
- 19 Other Non-Voc. Goals
- 20 Independent Living
- 21 Major Crisis Events

PROUDOF2 Critical Incident Most proud of, last 6 months, second 56  
 Print Format: F3  
 Write Format: F3

Value Label

- 1 No Change Since Last Week
- 2 No Contact with Consumer
- 3 Voluntary Drop-out
- 4 Other No Report, Specific
- 5 Voc. Assmt. & Planning
- 6 Pre-voc. Skills
- 7 Employed
- 8 Non-competitive Employment Goal
- 9 Competitive Employment Goal

Name

Position

- 10 Started New Job
- 11 Continuing on Job
- 12 Education & Training
- 13 Housing
- 14 Financial
- 15 Mental Health
- 16 Physical Health
- 17 Personal Relationships
- 18 Recreation, Social
- 19 Other Non-Voc. Goals
- 20 Independent Living
- 21 Major Crisis Events

WORST1 Critical Incident Worst thing happen, last 6 months, first 57  
 Print Format: F3  
 Write Format: F3

Value Label

- 1 No Change Since Last Week
- 2 No Contact with Consumer
- 3 Voluntary Drop-out
- 4 Other No Report, Specific
- 5 Voc. Assmt. & Planning
- 6 Pre-voc. Skills
- 7 Employed
- 8 Non-competitive Employment Goal
- 9 Competitive Employment Goal
- 10 Started New Job
- 11 Continuing on Job
- 12 Education & Training
- 13 Housing
- 14 Financial
- 15 Mental Health
- 16 Physical Health
- 17 Personal Relationships
- 18 Recreation, Social
- 19 Other Non-Voc. Goals
- 20 Independent Living
- 21 Major Crisis Events

WORST2 Critical Incident Worst thing happen, last 6 months, secon 58  
 Print Format: F3  
 Write Format: F3

Value Label

- 1 No Change Since Last Week
- 2 No Contact with Consumer
- 3 Voluntary Drop-out
- 4 Other No Report, Specific
- 5 Voc. Assmt. & Planning
- 6 Pre-voc. Skills
- 7 Employed
- 8 Non-competitive Employment Goal
- 9 Competitive Employment Goal
- 10 Started New Job
- 11 Continuing on Job
- 12 Education & Training
- 13 Housing
- 14 Financial
- 15 Mental Health

Name	Position
------	----------

- 16 Physical Health
- 17 Personal Relationships
- 18 Recreation, Social
- 19 Other Non-Voc. Goals
- 20 Independent Living
- 21 Major Crisis Events

CC_CNT	Consumer Model site ID plus consumer ID Print Format: F8.2 Write Format: F8.2	59
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MONTH	Consumer Months in program and or employment Print Format: F8.2 Write Format: F8.2	60
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DOT_NEW	Employment Job DOT titles converted to basic employment gro Print Format: F8.2 Write Format: F8.2	61
---------	---	----

Value	Label
.00	No Job
1.00	Clerical
2.00	Retail and Sales
3.00	Care of others
4.00	Food Services
5.00	Food Processing
6.00	Building Maintenance
7.00	Plants and Animals
8.00	Manufacturing
9.00	Transportation
10.00	Construction
11.00	Other job classification
12.00	Job not known
13.00	Sheltered, protected employment

COMPLETE	Print Format: F8.2 Write Format: F8.2	62
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TOTACT	Total inclusion in community activities Print Format: F8.2 Write Format: F8.2	63
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MONTHS6	Interview dates in 6 month blocks Print Format: F8.2 Write Format: F8.2	64
---------	---	----

Value	Label
1.00	1-6 Months
2.00	7-12 Months
3.00	13-18 Months
4.00	18-24 Months
5.00	24-30 Months
6.00	Over 30 Months

Name	Position
SMITBI     = Psychiatric disability or TBI by site Print Format: F8.2 Write Format: F8.2  Value     Label 1.00     SMI 2.00     TBI	65
URBRUR     = Urban or rural Print Format: F8.2 Write Format: F8.2  Value     Label 1.00     Urban 2.00     Rural	66
TOTREL1    Total religion for TOTCI Print Format: F8.2 Write Format: F8.2	67
TOTSPRT1   Total sports for TOTCI Print Format: F8.2 Write Format: F8.2	68
TOTSOC1    Total social for TOTCI Print Format: F8.2 Write Format: F8.2	69
TOTSELF1   Total MH self-help [Afor TOTCI Print Format: F8.2 Write Format: F8.2	70
TAODA1     Total AODA self-help for TOTCI Print Format: F8.2 Write Format: F8.2	71
TOTHER1    Total other organizations for TOTCI Print Format: F8.2 Write Format: F8.2	72
TOTORGM1                      Print Format: F8.2 Write Format: F8.2	73
LIVERC1    Recode 3LIVE for TOTCI Print Format: F8.2 Write Format: F8.2  Value     Label 1.00     highly controlled (0) 2.00     group home (1) 3.00     supported care (3) 4.00     independent (5) 5.00     with family (6)	74

Name	Position
DFRNDRC1 Recode DFRIENDS for TOTCI Print Format: F8.2 Write Format: F8.2	75
Value      Label  1.00      can not make decisions (0) 2.00      make decisions (2) 3.00      do not know (0)	
PRIVRC1 Recode PRIVACY for TOTCI Print Format: F8.2 Write Format: F8.2	76
Value      Label  1.00      not respected (0) 2.00      respected (2) 3.00      do not know (0)	
HELPRC1 Recode HELPLIVE for TOTCI Print Format: F8.2 Write Format: F8.2	77
Value      Label  1.00      live-in support (1) 2.00      staff on call (3) 3.00      regular staff visits (2) 4.00      no formal supervision (5) 18.00      multiple help (2) 19.00      other, specified (2) 99.00      do not know (0)	
HELPPRC1 Print Format: F8.2 Write Format: F8.2	78
TOTCI Community integration composite score Print Format: F8.2 Write Format: F8.2	79
LLIVE1 RECODE LIVE FOR TOTIL Print Format: F8.2 Write Format: F8.2	80
Value      Label  1.00      supervised housing (0) 2.00      rent apartment, mobile home (1) 3.00      rent house (1) 4.00      own condo, mobile home house (2) 5.00      no goal like present housing (1) 6.00      other, specific (1) 7.00      do not know (0)	



Name	Position																				
LFIT1      Recode LFIT for TOTIL Print Format: F8.2 Write Format: F8.2	81																				
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1.00</td><td>prepare for future goals (3)</td></tr> <tr><td>2.00</td><td>not related to future goals (1)</td></tr> <tr><td>3.00</td><td>interferes with goals (0)</td></tr> <tr><td>19.00</td><td>other, specific (3)</td></tr> <tr><td>98.00</td><td>no goals stated (0)</td></tr> <tr><td>99.00</td><td>do not know (0)</td></tr> </table>	Value	Label	1.00	prepare for future goals (3)	2.00	not related to future goals (1)	3.00	interferes with goals (0)	19.00	other, specific (3)	98.00	no goals stated (0)	99.00	do not know (0)							
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2.00	not related to future goals (1)																				
3.00	interferes with goals (0)																				
19.00	other, specific (3)																				
98.00	no goals stated (0)																				
99.00	do not know (0)																				
HOWD1      Recode HOWD for TOTIL Print Format: F8.2 Write Format: F8.2	82																				
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1.00</td><td>long standing goals (1)</td></tr> <tr><td>2.00</td><td>talks with professional staff (1)</td></tr> <tr><td>3.00</td><td>talks with mental health therapist (1)</td></tr> <tr><td>4.00</td><td>decided for self (1)</td></tr> <tr><td>5.00</td><td>family &amp; friends (1)</td></tr> <tr><td>6.00</td><td>multiple reasons (1)</td></tr> <tr><td>7.00</td><td>other, specific (1)</td></tr> <tr><td>8.00</td><td>no goals (0)</td></tr> </table>	Value	Label	1.00	long standing goals (1)	2.00	talks with professional staff (1)	3.00	talks with mental health therapist (1)	4.00	decided for self (1)	5.00	family & friends (1)	6.00	multiple reasons (1)	7.00	other, specific (1)	8.00	no goals (0)			
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7.00	other, specific (1)																				
8.00	no goals (0)																				
ILPROG1      Recode ILPROG for TOTIL Print Format: F8.2 Write Format: F8.2	83																				
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1.00</td><td>change IL goals (1)</td></tr> <tr><td>2.00</td><td>moved to greater independence (3)</td></tr> <tr><td>3.00</td><td>less supervision in present residence (2)</td></tr> <tr><td>4.00</td><td>increased staff supervision (0)</td></tr> <tr><td>5.00</td><td>increased IL skills (1)</td></tr> <tr><td>6.00</td><td>multiple progress (2)</td></tr> <tr><td>7.00</td><td>other, specific (1)</td></tr> <tr><td>8.00</td><td>no progress, no changes (0)</td></tr> <tr><td>9.00</td><td>do not know (0)</td></tr> </table>	Value	Label	1.00	change IL goals (1)	2.00	moved to greater independence (3)	3.00	less supervision in present residence (2)	4.00	increased staff supervision (0)	5.00	increased IL skills (1)	6.00	multiple progress (2)	7.00	other, specific (1)	8.00	no progress, no changes (0)	9.00	do not know (0)	
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6.00	multiple progress (2)																				
7.00	other, specific (1)																				
8.00	no progress, no changes (0)																				
9.00	do not know (0)																				
TOTIL6      Print Format: F8.2 Write Format: F8.2	84																				
TOTIL      Independent living composite score Print Format: F8.2 Write Format: F8.2	85																				
SORT_COD      Print Format: F8.2 Write Format: F8.2	86																				

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Document 4:  
Consumer Success and Outcome Report  
Final List of Variables

Name		Position
CC	Consumer ID Print Format: F3 Write Format: F3	1
AC	Model Program Model Site Print Format: F2 Write Format: F2	2
	Value Label	
	1 Human Development Center, Duluth	
	2 Productive Alternatives, Fergus Falls	
	3 Human Resources Associates, South St Paul	
	4 K.C.Q., Inc, Faribault	
	5 Scott-Carver Employability Project, Shakopee	
	6 Rehabilitation Center of Sheboygan, Sheboygan	
	7 Transitional Living Center, Milwaukee	
	8 Black River Industries, Medford	
	9 Functional Industries, Buffalo	
	10 Milwaukee Center for Independence, Milwaukee	
	11 St Elizabeth & Valley Packaging, Appleton	
NAME	Consumer Name Print Format: A30 Write Format: A30	3
WEEK_CHR	Consumer Date of interview Print Format: A8 Write Format: A8	7
WEEK_DAT	Consumer Date of interview, date format' Print Format: A8 Write Format: A8	8
WEEK_NUM	Consumer Number weeks in program at interview Print Format: F4 Write Format: F4	9
INAME	Model Program Model staff member doing Interview Print Format: A15 Write Format: A15	10
LIVE	Integration Staff Report Type of housing Print Format: F2 Write Format: F2	12
	Value Label	
	1 Highly controlled	
	2 Group home	
	3 Supported care	
	4 Independent living	
	5 With family	
	6 Other, specific	
	7 Do not know	

Name		Position
MANAGES	Integration Staff Report Management or control of house Print Format: F2 Write Format: F2	13
	Value Label	
	1 Program agency owns	
	2 Public housing	
	3 Non-profit social agency	
	4 Religious organization	
	5 Private for-profit	
	18 Multiple owners	
	19 Other, specific	
	99 Do not know	
SUPTYPE	Integration Staff Report Supports needed Print Format: F2 Write Format: F2	14
	Value Label	
	1 Staff supervision	
	2 One IL skill need	
	3 Several IL skills needs	
	4 Case management	
	5 Other, specific	
	6 Do not know	
FHOUSING	Integration Staff Report Funds pay for consumers housing Print Format: F2 Write Format: F2	15
	Value Label	
	1 Long term county or state support	
	2 Assignment of SSDI/SSI to housing provider	
	3 Consumer earnings	
	4 Consumer family	
	5 Combination of funding sources	
	6 Other, specific	
	7 Do not know	
PLACES	Integration Number of places lived in last 4 months Print Format: F2 Write Format: F2	16
WHYMOVE	Integration Reasons for moving Print Format: F2 Write Format: F2	17
	Value Label	
	1 Obtain more independence	
	2 Financial reasons	
	3 Closer to job or services	
	4 Not like living situation	
	5 Live with family, friend, significant other	
	6 Better quality housing	
	7 Need increased care or support	
	8 Forced to move, providers changed in contracts	
	9 Multiple reasons	
	10 Other, specific	

CURLIVE	Integration	Current living situation	18
	Print Format:	F2	
	Write Format:	F2	
	Value	Label	
	1	Highly controlled	
	2	Group home	
	3	Supported care	
	4	Independent	
	5	Family	
	6	Other, specific	
	7	Do not know	
LIVEYOU1	Integration	Who lives with consumer, first	19
	Print Format:	F1	
	Write Format:	F1	
	Value	Label	
	1	Alone	
	2	Other persons with disabilities	
	3	Staff	
	4	Family	
	5	Friend	
LIVEYOU2	Integration	Who lives with consumer, second	20
	Print Format:	F1	
	Write Format:	F1	
	Value	Label	
	1	Alone	
	2	Other persons with disabilities	
	3	Staff	
	4	Family	
	5	Friend	
LIVEYOU3	Integration	Who lives with consumer, third	21
	Print Format:	F1	
	Write Format:	F1	
	Value	Label	
	1	Alone	
	2	Other persons with disabilities	
	3	Staff	
	4	Family	
	5	Friend	
LIVEYOU4	Integration	Who lives with consumer, fourth	22
	Print Format:	F1	
	Write Format:	F1	
	Value	Label	
	1	Alone	
	2	Other persons with disabilities	
	3	Staff	
	4	Family	
	5	Friend	

Name		Position
LIVEYOU5	Integration    Who lives with consumer, fifth Print Format: F1 Write Format: F1	23
	Value      Label	
	1      Alone	
	2      Other persons with disabilities	
	3      Staff	
	4      Family	
	5      Friend	
LSUPPORT	Integration    Type and amount of support needed Print Format: F1 Write Format: F1	24
	Value      Label	
	1      Live-in support	
	2      Staff on call	
	3      Regular staff visits	
	4      No formal supervision	
PRIVACY	Integration    Rating of respect for privacy Print Format: F1 Write Format: F1	25
	Value      Label	
	1      1 Always	
	2      2 Often	
	3      3 Sometimes	
	4      4 Seldom	
	5      5 Never	
SATISLIV	Integration    Rating of satisfaction with living situation Print Format: F1 Write Format: F1	26
	Value      Label	
	1      1 Very satisfied	
	2      2 Often satisfied	
	3      3 Sometimes satisfied	
	4      4 Seldom satisfied	
	5      5 Very dissatisfied	
OWN	Integration    Frequency of doing things in community on own Print Format: F1 Write Format: F1	27
	Value      Label	
	1      At least once a day	
	2      Almost every day	
	3      Once a week	
	4      Once every two weeks	
	5      Once a month	
	6      Hardly ever	

Name	Position																		
FRIEND1    Integration    Type of person is friends with, first Print Format: F1 Write Format: F1	28																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1</td><td>Persons at work</td></tr> <tr><td>2</td><td>Persons in a hobby, sport, group</td></tr> <tr><td>3</td><td>Parents</td></tr> <tr><td>4</td><td>Brothers/sisters</td></tr> <tr><td>5</td><td>Children</td></tr> <tr><td>6</td><td>Spouse</td></tr> <tr><td>7</td><td>Counselors, case workers, case managers</td></tr> <tr><td>8</td><td>Other persons in the community</td></tr> </table>	Value	Label	1	Persons at work	2	Persons in a hobby, sport, group	3	Parents	4	Brothers/sisters	5	Children	6	Spouse	7	Counselors, case workers, case managers	8	Other persons in the community	
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8	Other persons in the community																		
FRIEND2    Integration    Type of person is friends with, second Print Format: F1 Write Format: F1	29																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1</td><td>Persons at work</td></tr> <tr><td>2</td><td>Persons in a hobby, sport, group</td></tr> <tr><td>3</td><td>Parents</td></tr> <tr><td>4</td><td>Brothers/sisters</td></tr> <tr><td>5</td><td>Children</td></tr> <tr><td>6</td><td>Spouse</td></tr> <tr><td>7</td><td>Counselors, case workers, case managers</td></tr> <tr><td>8</td><td>Other persons in the community</td></tr> </table>	Value	Label	1	Persons at work	2	Persons in a hobby, sport, group	3	Parents	4	Brothers/sisters	5	Children	6	Spouse	7	Counselors, case workers, case managers	8	Other persons in the community	
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5	Children																		
6	Spouse																		
7	Counselors, case workers, case managers																		
8	Other persons in the community																		
FRIEND3    Integration    Type of person is friends with, third Print Format: F1 Write Format: F1	30																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1</td><td>Persons at work</td></tr> <tr><td>2</td><td>Persons in a hobby, sport, group</td></tr> <tr><td>3</td><td>Parents</td></tr> <tr><td>4</td><td>Brothers/sisters</td></tr> <tr><td>5</td><td>Children</td></tr> <tr><td>6</td><td>Spouse</td></tr> <tr><td>7</td><td>Counselors, case workers, case managers</td></tr> <tr><td>8</td><td>Other persons in the community</td></tr> </table>	Value	Label	1	Persons at work	2	Persons in a hobby, sport, group	3	Parents	4	Brothers/sisters	5	Children	6	Spouse	7	Counselors, case workers, case managers	8	Other persons in the community	
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5	Children																		
6	Spouse																		
7	Counselors, case workers, case managers																		
8	Other persons in the community																		
FRIEND4    Integration    Type of person is friends with, fourth Print Format: F1 Write Format: F1	31																		
<table> <tr> <th>Value</th><th>Label</th></tr> <tr><td>1</td><td>Persons at work</td></tr> <tr><td>2</td><td>Persons in a hobby, sport, group</td></tr> <tr><td>3</td><td>Parents</td></tr> <tr><td>4</td><td>Brothers/sisters</td></tr> <tr><td>5</td><td>Children</td></tr> <tr><td>6</td><td>Spouse</td></tr> <tr><td>7</td><td>Counselors, case workers, case managers</td></tr> <tr><td>8</td><td>Other persons in the community</td></tr> </table>	Value	Label	1	Persons at work	2	Persons in a hobby, sport, group	3	Parents	4	Brothers/sisters	5	Children	6	Spouse	7	Counselors, case workers, case managers	8	Other persons in the community	
Value	Label																		
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2	Persons in a hobby, sport, group																		
3	Parents																		
4	Brothers/sisters																		
5	Children																		
6	Spouse																		
7	Counselors, case workers, case managers																		
8	Other persons in the community																		

Name		Position
FRIEND5	Integration    Type of person is friends with, fifth Print Format: F1 Write Format: F1	32
	Value      Label	
	1      Persons at work	
	2      Persons in a hobby, sport, group	
	3      Parents	
	4      Brothers/sisters	
	5      Children	
	6      Spouse	
	7      Counselors, case workers, case managers	
	8      Other persons in the community	
DFRIEND	Integration    Whether any have same disability Print Format: F1 Write Format: F1	33
	Value      Label	
	0      Friend with same disabilities	
	1      None have same disability	
RSERVICE	Integration    Rating of respect for decision about services Print Format: F1 Write Format: F1	34
	Value      Label	
	1      1 Always	
	2      2 Often	
	3      3 Sometimes	
	4      4 Seldom	
	5      5 Never	
JOB1	Employment    Job 1    9 digit DOT code Print Format: F9 Write Format: F9	35
	Value      Label	
	92227018    Teacher, Day Care Center	
	195367034    Social Services Aide	
	203582054    Data Entry Clerk	
	209687026    Mail Clerk	
	211462010    Cashier II - Self Serv Gas	
	211462014    Cashier, Checker	
	222387054    Clothing Sorter	
	239567010    Office Helper	
	249367046    Library Assistant	
	290477014    Sales Clerk	
	292457010    Newspaper Carrier	
	299357014    Telemarketer	
	299367014    Stock Clerk (retail, trade)	
	299477010    Deliverer, Merchandise	
	299677010    Sales Attendant	
	301677010    Child Monitor, Babysitter	
	311472010    Fast Food Worker	
	311477030    Waiter, Waitress, Informal	
	311677018    Dining Room Attendant, Bus person	
	313374014    Cook, Short Order	



## Name

## Position

317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

EMPLOYR1 Employment Job 1 4 digit SIC code  
 Print Format: F5  
 Write Format: F5

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Value Label

181	Greenhouse (flowers)
2015	Poultry Slaughtering Processing
3089	Plastic Products, NFC
4121	Taxi Cab
4151	Bus, School
5192	Newspaper (as in carriers)
5401	Retail Bakeries
5411	Supermarkets
5531	Variety Stores (KMart, Target, WalMart)
5541	Gas Stations
5812	Eating places
5813	Drinking places
7011	Motels, Hotels
7299	Babysitting (Misc personal services)
7349	Building Cleaning & Maintenance Services
7363	Temporary Help Services
7542	Car Wash
7933	Bowling Alleys
8059	Nursing Home
8062	Hospital, general
8063	Psychiatric Hospitals (RTCs)
8211	Elementary & Secondary Schools
8351	Day Care Centers
8811	Private Households
9998	Place of employment unknown, can not classify
9999	Facility, agency

Name		Position
JOBSUP1	Employment Job 1 Type of support needed on job Print Format: F2 Write Format: F2	37
	Value Label	
	1 Group level on enclave, mobile crew	
	2 On job coaching by staff	
	3 Natural supports	
	4 After hours support, therapy, job club group	
	5 Multiple supports	
	6 Other, specific	
	7 No support	
WEEKEMP1	Employment Job 1 Total weeks employed full or part-time Print Format: F4 Write Format: F4	38
HWAGE1	Employment Job 1 Hourly wage rate Print Format: F6.2 Write Format: F6.2	39
HWORKED1	Employment Job 1 Total Hours worked Print Format: F5 Write Format: F5	40
RLEFT1	Employment Job 1 Reason left job Print Format: F2 Write Format: F2	41
	Value Label	
	1 Laid off, cut backs	
	2 Better job with another employer	
	3 Promotion with same employer	
	4 Psychiatric relapse, crisis or hospitalized	
	5 Physical health	
	6 Stress	
	7 Problem with supervisor	
	8 Problem with co-workers	
	9 Problem Learning job	
	10 Problem with quality of job performance	
	11 Problem with Transportation	
	12 Family problems	
	13 Housing problems	
	14 Returned to school	
	15 Quit, not like job	
	18 Multiple reasons	
	19 Other, specific	
	20 Temporary work	
	55 Injured on job	
	98 Still employed	
	99 Do not know	
JOB2	Employment Job 2 9 digit DOT code Print Format: F9 Write Format: F9	42
	Value Label	
	92227018 Teacher, Day Care Center	
	195367034 Social Services Aide	

## Name

## Position

203582054	Data Entry Clerk
209687026	Mail Clerk
211462010	Cashier II - Self Serv Gas
211462014	Cashier, Checker
221387054	Clothing Sorter
239567010	Office Helper
249367046	Library Assistant
290477014	Sales Clerk
292457010	Newspaper Carrier
299357014	Telemarketer
299367014	Stock Clerk (retail, trade)
299477010	Deliverer, Merchandise
299677010	Sales Attendant
301677010	Child Monitor, Babysitter
311472010	Fast Food Worker
311477030	Waiter, Waitress, Informal
311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

EMPLOYR2    Employment    Job 2    4 digit SIC code  
 Print Format: F5  
 Write Format: F5

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Value    Label

181	Greenhouse (flowers)
2015	Poultry Slaughtering Processing
3089	Plastic Products, NFC
4121	Taxi Cab
4151	Bus, School
5192	Newspaper (as in carriers)
5401	Retail Bakeries
5411	Supermarkets
5531	Variety Stores (KMart, Target, WalMart)
5541	Gas Stations
5812	Eating places

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## Name

## Position

5813 Drinking places  
 7011 Motels, Hotels  
 7299 Babysitting (Misc personal services)  
 7349 Building Cleaning & Maintenance Services  
 7363 Temporary Help Services  
 7542 Car Wash  
 7933 Bowling Alleys  
 8059 Nursing Home  
 8062 Hospital, general  
 8063 Psychiatric Hospitals (RTCs)  
 8211 Elementary & Secondary Schools  
 8351 Day Care Centers  
 8811 Private Households  
 9998 Place of employment unknown, can not classify  
 9999 Facility, agency

JOBSUP2 Employment Job 2 Type of support needed on job 44  
 Print Format: F2  
 Write Format: F2

Value Label

1 Group level on enclave, mobile crew  
 2 On job coaching by staff  
 3 Natural supports  
 4 After hours support, therapy, job club group  
 5 Multiple supports  
 6 Other, specific  
 7 No support

WEEKEMP2 Employment Job 2 Total weeks employed full or part-time 45  
 Print Format: F4  
 Write Format: F4

HWAGE2 Employment Job 2 Hourly wage rate 46  
 Print Format: F6.2  
 Write Format: F6.2

HWORKED2 Employment Job 2 Total Hours worked 47  
 Print Format: F5  
 Write Format: F5

RLEFT2 Employment Job 2 Reason left job 48  
 Print Format: F2  
 Write Format: F2

Value Label

1 Laid off, cut backs  
 2 Better job with another employer  
 3 Promotion with same employer  
 4 Psychiatric relapse, crisis or hospitalized  
 5 Physical health  
 6 Stress  
 7 Problem with supervisor  
 8 Problem with co-workers  
 9 Problem Learning job  
 10 Problem with quality of job performance  
 11 Problem with Transportation  
 12 Family problems  
 13 Housing problems  
 14 Returned to school

Name

Position

15 Quit, not like job  
 18 Multiple reasons  
 19 Other, specific  
 20 Temporary work  
 55 Injured on job  
 98 Still employed  
 99 Do not know

JOB3 Employment Job 3 9 digit DOT code  
 Print Format: F9  
 Write Format: F9

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Value	Label
92227018	Teacher, Day Care Center
195367034	Social Services Aide
203582054	Data Entry Clerk
209687026	Mail Clerk
211462010	Cashier II - Self Serv Gas
211462014	Cashier, Checker
222387054	Clothing Sorter
239567010	Office Helper
249367046	Library Assistant
290477014	Sales Clerk
292457010	Newspaper Carrier
299357014	Telemarketer
299367014	Stock Clerk (retail, trade)
299477010	Deliverer, Merchandise
299677010	Sales Attendant
301677010	Child Monitor, Babysitter
311472010	Fast Food Worker
311477030	Waiter, Waitress, Informal
311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker
361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

Name		Position
EMPLOYR3	Employment Job 3 4 digit SIC code Print Format: F5 Write Format: F5	50
	Value Label	
	181 Greenhouse (flowers)	
	2015 Poultry Slaughtering Processing	
	3089 Plastic Products, NFC	
	4121 Taxi Cab	
	4151 Bus, School	
	5192 Newspaper (as in carriers)	
	5401 Retail Bakeries	
	5411 Supermarkets	
	5531 Variety Stores (KMart, Target, WalMart)	
	5541 Gas Stations	
	5812 Eating places	
	5813 Drinking places	
	7011 Motels, Hotels	
	7299 Babysitting (Misc personal services)	
	7349 Building Cleaning & Maintenance Services	
	7363 Temporary Help Services	
	7542 Car Wash	
	7933 Bowling Alleys	
	8059 Nursing Home	
	8062 Hospital, general	
	8063 Psychiatric Hospitals (RTCs)	
	8211 Elementary & Secondary Schools	
	8351 Day Care Centers	
	8811 Private Households	
	9938 Place of employment unknown, can not classify	
	9999 Facility, agency	
JOBSUP3	Employment Job 3 Type of support needed on job Print Format: F2 Write Format: F2	51
	Value Label	
	1 Group level on enclave, mobile crew	
	2 On job coaching by staff	
	3 Natural supports	
	4 After hours support, therapy, job club group	
	5 Multiple supports	
	6 Other, specific	
	7 No support	
WEEKEMP3	Employment Job 3 Total weeks employed full or part-time Print Format: F4 Write Format: F4	52
HWAGE3	Employment Job 3 Hourly wage rate Print Format: F6.2 Write Format: F6.2	53
HWORKED3	Employment Job 3 Total Hours worked Print Format: F5 Write Format: F5	54

Name

Position

RLEFT3    Employment    Job 3    Reason left job  
 Print Format: F2  
 Write Format: F2

55

Value	Label
1	Laid off, cut backs
2	Better job with another employer
3	Promotion with same employer
4	Psychiatric relapse, crisis or hospitalized
5	Physical health
6	Stress
7	Problem with supervisor
8	Problem with co-workers
9	Problem Learning job
10	Problem with quality of job performance
11	Problem with Transportation
12	Family problems
13	Housing problems
14	Returned to school
15	Quit, not like job
18	Multiple reasons
19	Other, specific
20	Temporary work
55	Injured on job
98	Still employed
99	Do not know

JOB4    Employment    Job 4    9 digit DOT code  
 Print Format: F9  
 Write Format: F9

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Value	Label
92227018	Teacher, Day Care Center
195367034	Social Services Aide
203582054	Data Entry Cler.
209687026	Mail Clerk
211462010	Cashier II - Self Serv Gas
211462014	Cashier, Checker
222387054	Clothing Sorter
239567010	Office Helper
249367046	Library Assistant
290477014	Sales Clerk
292457010	Newspaper Carrier
299357014	Telemarketer
299367014	Stock Clerk (retail, trade)
299477010	Deliverer, Merchandise
299677010	Sales Attendant
301677010	Child Monitor, Babysitter
311472010	Fast Food Worker
311477030	Waiter, Waitress, Informal
311677018	Dining Room Attendant, Bus person
313374014	Cook, Short Order
317687010	Cook Helper
318687010	Kitchen Helper
323687018	Housecleaner Hotel, Motel
332271010	Cosmetologist
355377010	Day Treatment Aid
355377014	Psychiatric Aide
355674614	Nurse Assistant
359677018	Child Day Care Center Worker



## Name

## Position

361687018	Laundry Laborer
381687018	Cleaner, Industrial
382664010	Janitor
405684014	Greenhouse Worker
408684010	Lawn Service Worker
525687070	Poultry Dresser
609684010	Inspector, General
706687030	Assembler, Small Parts
869664014	Construction Worker I
905687014	Van Driver Helper (moving)
913463010	School Bus Driver
913463018	Taxi Driver
920587018	Packager, Hand
920687014	Bagger in grocery store
929687022	Scrap, Sorter for salvage, recycling
999687010	General Laborer (not in DOT)
999999998	Job not known, could not be classified
999999999	Sheltered, protected employment

EMPLOYR4    Employment    Job 4    4 digit SIC code  
 Print Format: F5  
 Write Format: F5

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Value	Label
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181	Greenhouse (flowers)
2015	Poultry Slaughtering Processing
3089	Plastic Products, NFC
4121	Taxi Cab
4151	Bus, School
5192	Newspaper (as in carriers)
5401	Retail Bakeries
5411	Supermarkets
5531	Variety Stores (KMart, Target, WalMart)
5541	Gas Stations
5812	Eating places
5813	Drinking places
7011	Motels, Hotels
7299	Babysitting (Misc personal services)
7349	Building Cleaning & Maintenance Services
7363	Temporary Help Services
7542	Car Wash
7933	Bowling Alleys
8059	Nursing Home
8062	Hospital, general
8063	Psychiatric Hospitals (RTCs)
8211	Elementary & Secondary Schools
8351	Day Care Centers
8811	Private Households
9998	Place of employment unknown, can not classify
9999	Facility, agency

JOBSUP4    Employment    Job 4    Type of support needed on job  
 Print Format: F2  
 Write Format: F2

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value	Label
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1	Group level on enclave, mobile crew
2	On job coaching by staff
3	Natural supports
4	After hours support, therapy, job club group

Name

Position

- 5 Multiple supports
- 6 Other, specific
- 7 No support

WEEKEMP4	Employment	Job 4	Total weeks employed full or part-time	59
	Print Format: F4			
	Write Format: F4			
HWAGE4	Employment	Job 4	Hourly wage rate	60
	Print Format: F6.2			
	Write Format: F6.2			
HWORKED4	Employment	Job 4	Total Hours worked	61
	Print Format: F5			
	Write Format: F5			
RLEFT4	Employment	Job 4	Reason left job	62
	Print Format: F2			
	Write Format: F2			
	Value	Label		
	1	Laid off, cut backs		
	2	Better job with another employer		
	3	Promotion with same employer		
	4	Psychiatric relapse, crisis or hospitalized		
	5	Physical health		
	6	Stress		
	7	Problem with supervisor		
	8	Problem with co-workers		
	9	Problem Learning job		
	10	Problem with quality of job performance		
	11	Problem with Transportation		
	12	Family problems		
	13	Housing problems		
	14	Returned to school		
	15	Quit, not like job		
	18	Multiple reasons		
	19	Other, specific		
	20	Temporary work		
	55	Injured on job		
	98	Still employed		
	99	Do not know		
TOTEARN	Employment	Total earnings during four months		63
	Print Format: F9.2			
	Write Format: F9.2			
TOTALHRS	Employment	Total hours worked during four months		64
	Print Format: F6			
	Write Format: F6			
TOTDAYS	Employment	Total days worked during four months		65
	Print Format: F3			
	Write Format: F3			

Position

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Value	Label
.00	No Job
1.00	Clerical
2.00	Retail and Sales
3.00	Care of others
4.00	Food Services
5.00	Food Processing
6.00	Building Maintenance
7.00	Plants and Animals
8.00	Manufacturing
9.00	Transportation
10.00	Construction
11.00	Other job classification
12.00	Job not known
13.00	Sheltered, protected employment

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Value	Label
.00	No Job
1.00	Clerical
2.00	Retail and Sales
3.00	Care of others
4.00	Food Services
5.00	Food Processing
6.00	Building Maintenance
7.00	Plants and Animals
8.00	Manufacturing
9.00	Transportation
10.00	Construction
11.00	Other job classification
12.00	Job not known
13.00	Sheltered, protected employment

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Value	Label
.00	No Job
1.00	Clerical
2.00	Retail and Sales
3.00	Care of others
4.00	Food Services
5.00	Food Processing
6.00	Building Maintenance
7.00	Plants and Animals
8.00	Manufacturing
9.00	Transportation
10.00	Construction
11.00	Other job classification
12.00	Job not known
13.00	Sheltered, protected employment

## Name

## Position

DOT_NEW4	Employment Job 4 DOT classified Print Format: F8.2 Write Format: F8.2	69
	Value      Label	
	.00      No Job	
	1.00      Clerical	
	2.00      Retail and Sales	
	3.00      Care of others	
	4.00      Food Services	
	5.00      Food Processing	
	6.00      Building Maintenance	
	7.00      Plants and Animals	
	8.00      Manufacturing	
	9.00      Transportation	
	10.00      Construction	
	11.00      Other job classification	
	12.00      Job not known	
	13.00      Sheltered, protected employment	
NO JOB	Job Class    Number Jobs Reported Print Format: F8.2 Write Format: F8.2	70
CLERICAL	Job Class    Clerical Print Format: F8.2 Write Format: F8.2	71
RETAIL	Job Class    Retail and Sales Print Format: F8.2 Write Format: F8.2	72
CARE	Job Class    Care of others Print Format: F8.2 Write Format: F8.2	73
FOODSERV	Job Class    Food Services Print Format: F8.2 Write Format: F8.2	74
FOODPROC	Job Class    Food Processing Print Format: F8.2 Write Format: F8.2	75
BUILD	Job Class    Building Maintenance Print Format: F8.2 Write Format: F8.2	76
PLANTS	Job Class    Plants and Animals Print Format: F8.2 Write Format: F8.2	77
MANUFACT	Job Class    Manufacturing Print Format: F8.2 Write Format: F8.2	78
TRANS	Job Class    Transportation Print Format: F8.2 Write Format: F8.2	79

Name	Position
CONSTRUC    Job Class    Construction Print Format: F8.2 Write Format: F8.2	80
JOBOTHER    Job Class    Other DOT classification Print Format: F8.2 Write Format: F8.2	81
JOBUNKNW    Job Class    Job not known Print Format: F8.2 Write Format: F8.2	82
SHELTERD    Job Class    Sheltered, protected employment Print Format: F8.2 Write Format: F8.2	83
XEMPLOY1    Job Status    Job 1 Print Format: F8.2 Write Format: F8.2	84
XEMPLOY2    Job Status    Job 2 Print Format: F8.2 Write Format: F8.2	85
XEMPLOY3    Job Status    Job 3 Print Format: F8.2 Write Format: F8.2	86
XEMPLOY4    Job Status    Job 4 Print Format: F8.2 Write Format: F8.2	87
COMPET1    Job Status    Competitive employment Print Format: F8.2 Write Format: F8.2	88
FACLT2    Job Status    Sheltered or protected employment Print Format: F8.2 Write Format: F8.2	89
NOEMPL3    Job Status    No place of employment Print Format: F8.2 Write Format: F8.2	90
UNKNWN4    Job Status    Place of employment unknown Print Format: F8.2 Write Format: F8.2	91
CC_CNT    Consumer    Combination of Site ID and Subject ID Print Format: F8.2 Write Format: F8.2	92
MONTH    Consumer    Months in program and or employment Print Format: F8.2 Write Format: F8.2	93
COMPLETE    Print Format: F8.2 Write Format: F8.2	94

Name		Position
TOTWORK	Total friends at work Print Format: F8.2 Write Format: F8.2	95
TOTHOB	Total friends in voluntary groups Print Format: F8.2 Write Format: F8.2	96
TOTPAR	Total closeness to parents Print Format: F8.2 Write Format: F8.2	97
TOTSIB	Total closeness to siblings Print Format: F8.2 Write Format: F8.2	98
TOTCHILD	Total closeness to children Print Format: F8.2 Write Format: F8.2	99
TOTMATE	Total closeness to spouse Print Format: F8.2 Write Format: F8.2	100
TOTSTAFF	Total number of staff living Print Format: F8.2 Write Format: F8.2	101
TOTOTH	Total friends in community Print Format: F8.2 Write Format: F8.2	102
TOTALONE	Lives alone Print Format: F8.2 Write Format: F8.2	103
TOTDIS	Total number of disabled persons Print Format: F8.2 Write Format: F8.2	104
TOTFAM	Total number of family Print Format: F8.2 Write Format: F8.2	105
TOTFRND	Total number of friends Print Format: F8.2 Write Format: F8.2	106
MONTHS4	Interview dates in 4 month blocks Print Format: F8.2 Write Format: F8.2	107

Value	Label
1.00	1-4 Months
2.00	5-8 Months
3.00	9-12 Months
4.00	13-16 Months
5.00	17-20 Months
6.00	21-24 Months
7.00	Over 24 Months

Name	Position
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SORT_COD	108
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Print Format: F8.2  
Write Format: F8.2

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